0 VS. A15ME

ADDRESS 240. REC'D BY REGISTRAR Thurmont, Maryland,

24b. REGISTRAR'S SIGNATURE arthur S. House

Fred.

(County)

Frederick

IF LINDER TYPAR IF LINDER 24 HRS

12 CITIZEN OF WHAT COUNTRYS

U.S.A.

INTERVAL BETWEEN

minutes

PERFORMED? NO [7]

DATE SIGNED

(Stole)

Co.

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Md.

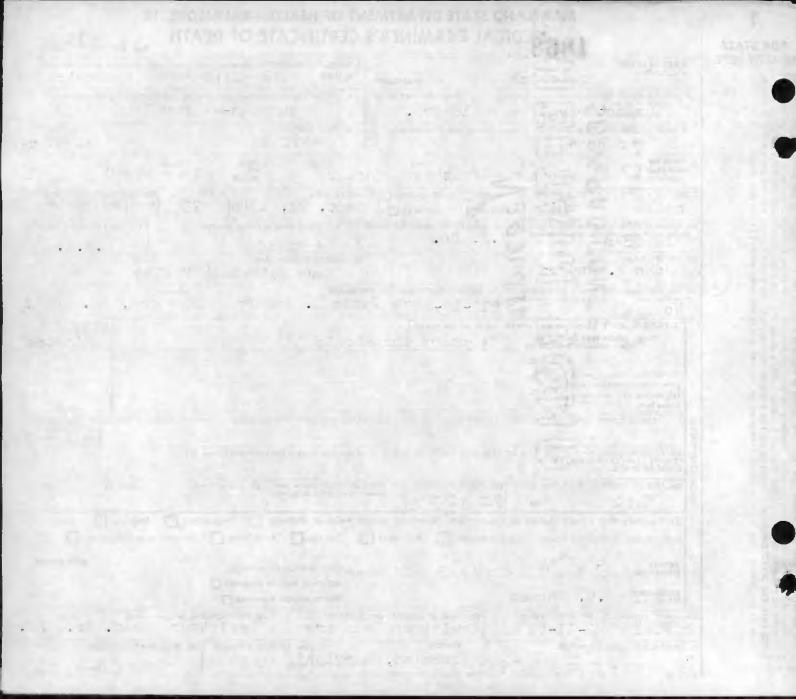
Months

A IS RESIDENCE ON A FARM?

YES TI NOTO

Hours Min.

61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01845

401111111111				1	TU
MARYLAND	o. STATE	, <u> </u>	COUNTY		ion)
LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limit	ts, write RURAL on)
ress)	d. STREET ADDRESS	7 4 T T T O B 1010	T J I A III	e. IS RES	DENCE FARM?
oital	Pete	ersville		YES [NO 🔲
Middle	Axline	4. DATE OF DEATH	Month 2	,	Year
B. NEVER MARRIED 8.	DATE OF BIRTH		A second		R 24 HRS Min.
D OF BUSINESS OR INDUST			12.0	TTIZEN OF WHAT C	OUNTRY
		VAME		U 	
		Sarah E.			
		Axline, E		sk, Md.	
TRIBUTING TO DEATH BUT N	atrial f	Inal DISEASE COND	TION GIVEN IN P	ART I(a) 19. WAS A PERFO	AUTOPSY
E HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of ite	m 18.)	YES X	№ □
Not while of work	CE OF INJURY (Hame, farr iry, street, affice bldg., etc	n, 20f. (City or town)	(County)	(State)
the deceased fram					
ese M	.D. PHYS. D	ED. STAF		2/1	SIGNED
	22d. ADDRESS				
hase	4E-Ch	urch	St.F.	rederic	K, N
hase 3c. NAME OF CEMETERY OR Lutheran	4E-Ch	23d. LOCATION (Ci	S. T. F.	rederic.	k, N
	MARYLAND LENGTH OF STAY IN 1b PIDE Middle PIDE Middle PIDE MID OF BUSINESS OR INDUST LENGTH OF BUSINESS OR INDUST LEN	LENGTH OF STAY IN 16 LENGTH OF STAY IN 16 C. CITY OR TOWN (If or	LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limit R. F.D. KNOXVIIIe. Margined d. STREET ADDRESS OITEL Middle Lost Petersviiie Middle Lost A. DATE OF DEATH DIVORCED DIVORCED L. 22-1917 DOF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) Maryland 14. MOTHER'S MAIDEN NAME Sarah E. CIAL SECURITY NO. 17. INFORMANT Mr. Charles L. Axline, E. Or (a), (b), and (c). TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION RY OCCURRED Not while of work The deceased fram 20-17. 19.61, for feel, 19.62, and that death accurred at 2P.M., from the country of the phys. ATTENDING M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE STAFE DIRECTOR THESE STAFE STAFE STAFE DIRECTOR THESE STAFE STAFE STAFE DIRECTOR THESE STAFE STAFE	LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL of R.F.D. KNOXVIII. MARYLAND	LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town R. F. D. KNOXVIIIe Maryland of STREET ADDRESS C. IS RESON A STREET ADDRESS C. IS RESON A STAFF D. AGE (In years life under year lost birthday) D. AGE (In years lost birthday) Manths Days Hours DIVORCED L. 22 1017 D. AGE (In years lost birthday) Manths Days Hours DIVORCED L. 22 1017 D. AGE (In years lost birthday) Manths Days Hours DIVORCED L. AMBRESS D. AGE (In years lost birthday) Manths Days Hours DIVORCED L. AMBRESS D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years lost birthday) Manths Days Hours D. AGE (In years life under years D. C. (City or town) C. (County) D. C. (

TO HOSPITAL. ATTEN IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. First death any be remained by the most be remained by the attending physician and campletely filled in by me funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon popers. Pages 1 and 2 shauld-be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

pro- 12 Aug 12/47/10 te . I'm . . . 5 12 - 10 lon -. To the second of the second "millione of the to have proper a do The second days of the Peterson has been to the same and the barbart Meany (Character of the Character) - V Chart HE HALL & Comme The second of th THE SOLDENS

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES NO M Month Day Year 196 ruare

9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys 12. CITIZEN OF WHAT COUNTRY?

New Market INTERVAL BETWEEN ONSET AND DEATH FLD MINUTE

PERFORMED? YES NO DE

(Stote) (County)

Lithat I last saw the deceased _M, from the causes and on the date stated abave. DATE SIGNED ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county) (State)

FEB 2 8 '61

24b. REGISTRAR'S SIGNATURE

FOR STATE			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. D	int. N/4 ! 8 4 7
HEALTH DEPT	1		ACCE OF DEATH Frederick MANYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence in the country of the c	
Sony pt		b	C. CITY OR TOWN (If outside corporate limits, write SURAL IO years C. CITY OR TOWN (If outside corporate limits, write SURAL one Frederick	d give nearest town)
Boord O	69	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital d. STREET ADDRESS 921 North Market Street	e. IS RESIDENCE ON A FARM? YES NO 2
delay he fune retain re Stote		3. P	NAME OF DECEASED Type or print) Frederick Reese Beall Jr. A DATE OF DEATH Feburary	25° 1961
d 3 to 1 may be with the	Ĭ.)	WIDOWED DIVORCED 773.	TYEAR IF UNDER 24 HRS Days Hours Min.
Poge 5	1	TOa.		J.S.A.
Poges PM3. Poges poges ent with		13.	Friederick R.Beall Sr. 14. MOTHER'S MAIDEN NAME Dark Davis	
in 24 h Give iith form it. File ony ev		15. [Yes,	was deceased ever in u. s. armed forces? 16. Social security no. 17. Informant 2 17-12-2727 Mrs Charlotte Beall, 92I N.Ms	arket St
led with lem 18 slong w permi			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Fractured Skull IMMEDIATE CAUSE (o) Chushed might should be s	INTERVAL SETWEEN ONSET AND DEATH
office of-tronsi			Conditions, if any, which) (b) Multiple lacerations	II hours
hould b niner's o buri			gave rise to immediate cause (a), stating the underlying couse last. DUE TO	
ficate si pending tof Exor used as rematic	,	CERTIFICATION	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A
is certification word "property with the uniot, control,			200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of liem 18) ARTHARAPORE HEADON into the automatic traft	fic control
NER. Tag the rag the chiese 3 sho or to b	0	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20s Frockers 20s. FLACE OF INJURY (Home, form, 20f. (City or town) (Car I 2 - 1 - 2 - 2 - 2 - 5 - 6 I While of work of work Route 355 850 Itr. Frederick Freder	ederick, Md
ride: Printing of the printing			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquir opinion death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined r	,
4.2 00	2		ACTUAL SIGNATURE BOOK CHIEF MEDICAL EXAMINER [DATE SIGNED
id be forw			EXAMINER'S B.O. Thomas, M.D. ASSISTANT MEDICAL EXAMINER 2/25/61	
execute 4 shoul 0 FUNE or its		220	BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, Town, or county) REMOVAL (Specify) Burial 2-28-61 Rocky Ridge Cemetery Frederick County.	(Store) Marvland
VS. A15ME 5M 2/57	1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick, Maryland DATFEB 2 8 '61 Outland 2.	GNATURE

MEASO TO TEACH VESCENTIAN DE LA SITUATION DE L The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1872 funeral director, TO HOSPITAL ATTER G PHYSICIAN: The law requires that the death certificate be executed within 24 having the may be retained by the standing physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figures 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registror prior to buriol, crematian, or remaval, and in any event within 72 hours after death.

***************************************	THE PERSON OF THE PERSON
W-0	CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

01848 Reg. Dist. No.

	PLACE OF DEATH B. COUNTY	rederiek		MARYL		USUAL RESIDENCE (Wo. STATE Maryla		l lived. If institut b. COUNTY		-	iek	ion)		
	b. CITY OR TOWN (IF RURAL ond give no Brunswie	grest town)	ls, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick								
	d. NAME OF HOSPITA			1	-	d. STREET ADDRESS 207 North Deleware Avenue					e. IS RESIDENCE ON A FARM? YES NO M			
	NAME OF DECEASED (Type or print)	Fir	Eli:	Middle	Benz	Lost	4. DATE OF DEATH	Moi 2	nth	18	,	Year		
	SEX	6. COLOR OR RACE	7	ZIEL NEVER MARRIED	B. D	ATE OF BIRTH	DEATH	9. AGE (In years last birthday)	IF UNDE Months		IF UNDE	R 24 HRS.		
	Female	White	WIDOW	ED DIVORCED	0 12	2-13-1887		83 yrs.		50,7.	Habis	Aviige.		
	Housewif	ing life, even if retired)	KIND OF BUSINESS OR		Virginia	R	ountry)		S.	A .	OUNTRY?		
13.	FATHER'S NAME					4. MOTHER'S MAIDEN I	NAME							
		Samuel W.	Geo:	rge		Vi	rginia	a Yakey						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	Iress					
	No				Mrs.	Elizabeth	a Flas	rg.Brun	swie	Ic. M	d			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	ne for (o), (b), and (c).]	nges	tintent	Fair	les.		INT	ERVAL BET	DEATH		
	Conditions, if an gave rise to in couse (a), stoting t lying couse last.	mediote ()											
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	INAL DISEASI	CONDITION GI	VEN IN PA	RT 1(a)	19. WAS A PERFOI YES	RMED?		
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of Injury in	Part I or Port	II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Hour c. m. p. m.	Month, Doy, Ye	While of wor	Not while	Roe. PLACE factory	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City	or town)	-	(County)		(Stote)		
		ot I attended the	deceas	1 1		, 1961, to	2/19		that LI					
	ACTUAL	man	196	el, and that a	death oc	curred at 1 1/3 1	ADDRESS (St	the causes at	nd on th state)	e date		e signed		
	SIGNATUREPHYSICIAN'S	1 BO	201	DEVICE	M.D.	Burge	wieg	yMI.		4	241	0-1		
	NAME (Type)	11 11 19	1) 1	LIVIEN										
220	BURIAL, CREMATION REMOVAL (Specify)	2-21-10		22c. NAME OF CEMET Saint Maj		EMATORY	1	ION (City, town,			(State	e)		
23.	FUNTERAL DIRECTOR	SIGNATURE		ADDRESS		24o. REC	D BY REGIST		STRAR'S S					
10	7. pu Te	Bri	ınsw:	iek, Maryla	and	DATE	50 9 9 4	4		0 11				
							LULU	0.4	Miller	1. / 1/4	11/61			

VS A15 (4) 15M 9/5B

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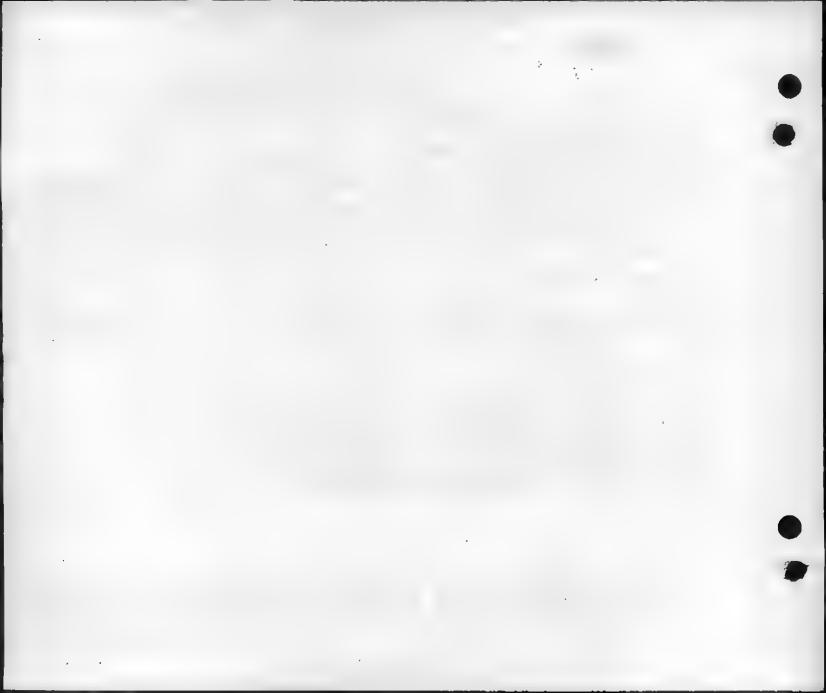
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ALABYLAND CTATE DEDARTMENT OF HEALTH

MAKTLAND	SIMIL	JEPAKIM	ENI OF	HEALIH
DIVISION OF STATISTICAL	RESEARCH A	AND RECORD	S BALTIMO	ORE 1, MARYLAND
CE	DTIELCA	TE OF	SEATH	

	1873	CERTIFICA	TE OF DEATH		Dic. to
ī	PLACE OF DEATH o. COUNTY	1m-0283-3/20	2 USUAL RESIDENCE (Wh	ere deceased lived. If insti	tution: Residence before utilission
	Frederick	MARYLAND	o. STATE Marv	land b. COUN	Montgomery
Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, writ	e RURAL and give nearest fown)
l L	Cullen	5754 days	Clar	ksburg	
1	d NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
		Hospital			YES NO V
3	NAME OF First DECEASED	Middle	Last	OF	Month Day Year
L	(Type or print) Minnie		Bennett	DEATH	2 27 1961
5	SEX 6 COLOR OR RACE 7 MAR		B. DATE OF BIRTH	9. AGE (In year lost birthdo	TIFUNDER I YEAR IF UNDER 24 HRS Y) Months Doys Hours Min.
X.	Female White WIDOW		November 30		yrs
	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
-	Housewife		Marylan		U.S.A.
1,	, FATHER'S NAME		14. MOTHER'S MAIDEN N		
10	Georg P. Craft was deceased ever in u. s. armed forces? 116	SOCIAL SECURITY NO. 17 I	Ella Ro		Address
	(es, no, or unknown) (If yes, give war or dates of service)				
F	1B. CAUSE OF DEATH Enter only one couse per I		Record of Vi	ctor Culle	INTERVAL BETWEEN
	BARTA BEATH WAS CAUSED BY		- be a free	000	ONSET AND DEATH
	IMMEDIATE CAUSE (o) PU	lmonary tube	erculosis -	002	15 years
1	Conditions it new Trab				
	gave rise to immediate (
	lying couse lost.				
2		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY
MOITA					PERFORMED? YES NO
4.0	20s ACCIDENT WAS UNDERLYING TO 20h DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II of item 18.	
7507					
LA CLOSA	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While	f-	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (Stole)
124	p. m. 19 of we	e Nat while ork ot work			
	21. I certify that (I) (this hospital) otten	ded the deceased from.	5/28	5 . to 2/27	, 19.61, that (I) (we) lost
	sow the deceased alive on 2/27			M, from the couses	and on the date stated above.
	220. SIGNATURY	2 2 ~(ATTENDING MI	ED. 2 STAFF	22b, DATE SIGNED
	22c PHYSICIAN'S	, juous	M D. PHYS DI	RECTOR PHYS. 🗆	2/27/61
	NAME (Type)	V 2 7 11		37	
=	Michael G. Zavis		Cullen,		
12	REMOVAL (Specify)	23c, NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (C.IV. 10V	vn, ar county) (State)
2	FUNERAL PIRECTOR'S SIGNATURE	/ ADDRESS	/ \	D BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE
	m & Juneort Son	Truemond		IAR 3 '61	arthur S. Kraus
F	mp. C. mul	Lie	O TO TORIC IN		A. THAKA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

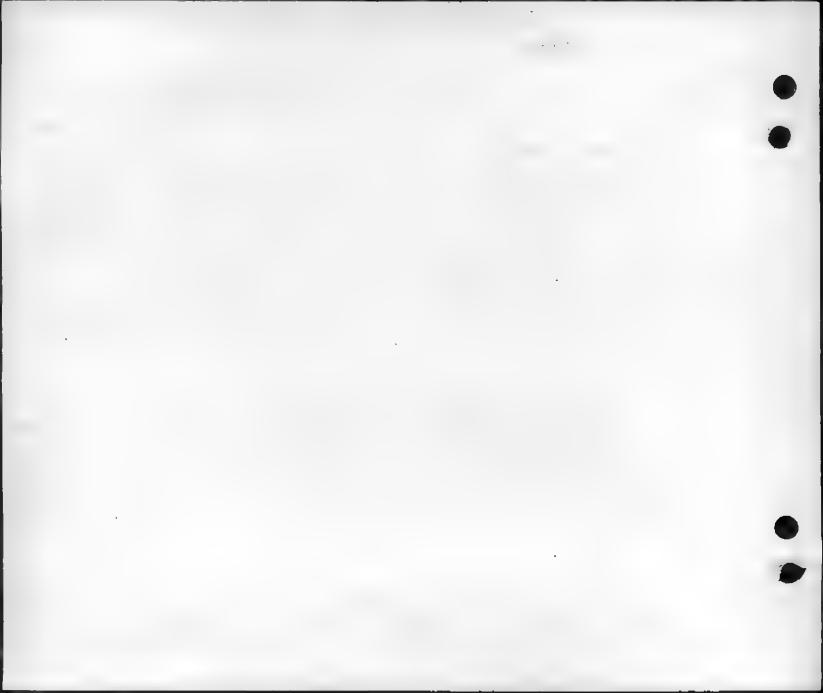
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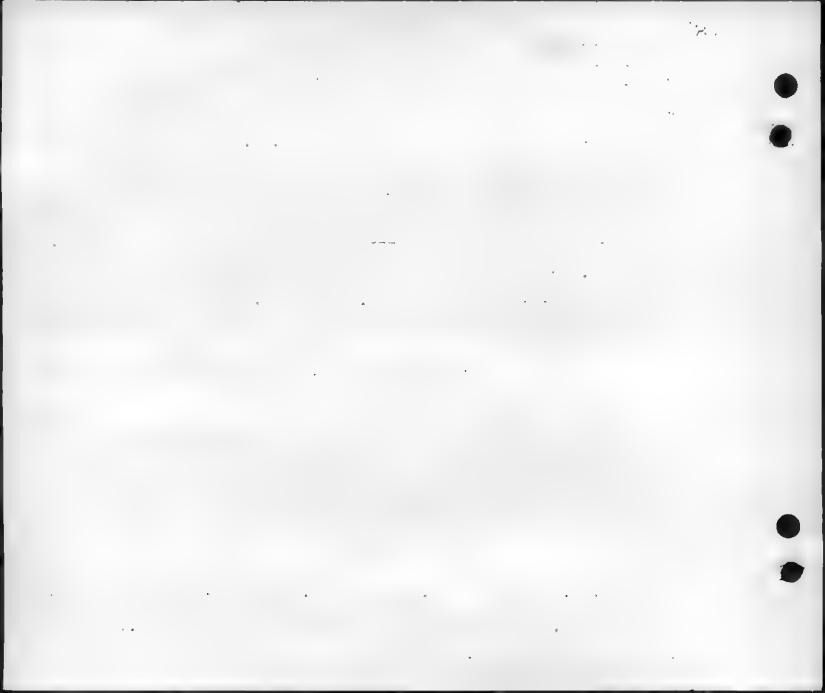
1		D COUNTY / P / / C	L RESIDENCE (Where deceased lived If institut on Residence before admissible to the country b. COUNTY	sion)
)		Frederick County MARYLAND	Maryland Telderick	,
		b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CIT RURAL and give nearest town)	Y OR TOWN (If butside corporate limits, write RURAL and give nearest town	n)
	<u>UX</u>	Rural - Frederick / Mo	Ublkersville	'I DENICE
4.	(OR INSTITUTION,		FARM?
		- Frederick County Chronic Hospot Tree	ACCELERO CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA	NO Z
] (NAME OF DECEASED (Type or print) Simon Petro. Petr. Pid	OF Jal	961
	S. S	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8/DATE OF	lost birthdoy) Months Days Hours	ER 24 HRS. Mîn
	100	DO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11.	IRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT C	COUNTRYS
		during most of working life, even if retired)	11 5 1	000,114,7
		3. FATHER'S MAME 114 MOT	THER'S MAIDEN NAME	
١.	77	Mr. John Biddinger Me	ca Ida Eaves	
1		S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. ENFORMANT	Address	,
		1000	felix farend corene Hary	celal
		18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (st)	INTERVAL BE ONSET AND	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	morcia 7de	45
		DUE TO		ð
		Conditions, if ony, which) (b)		_
		gove rise to immediate couse (o), stating the under.		
	7	lying couse lost.) (c)		ALITOREV
	Į.	(Vo. 12 / John State of State	PERFC	DRMED?
	HÇ	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. [Enter no		NO D
	L CERT	OR CONTRIBUTING CAUSE OF DEATH	And the standary in 1911 1911 1911 1911 1911 1911 1911	
		20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF IN. factory, street	JURY (Home, farm, 20f. (City or town) (County) t, office bldg., etc.)	(Stote)
	MEDI	p, m, 19 of work of work		
		21 I certify that (I) (this haspital) attended the deceased from Man	U 1960, ta Fel- 15, 1961, that (1)	we) last
			curred at Likely, from the couses and an the date stated	dabave.
		220. SIGNATURE ATTE		SIGNED
/		22c PHYSICIAN'S 11 22d.	ADDRESS	161
		NAME (Type) H. F.KIINE	Fordrick Mrs.	
	23a	30 BURIA., CREMAT ON, 23b, DATE THEREOF 23c, NAME OF CEMETERY OF CREMATO	23d LOCATION (Crty, fown, or county) (Sto	te) A
		Burial 918/61 Charpel	Mr. Libertytown,	mdi
	24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE CATHUNG & KANA	
		Vici sailer, walkersmille, mo	, DATE	

TO HOSPITA NATE: In PHYSICIAE: The low requires that the death certificate be executed within 24 hours given or may be released by the part of FUNERAL DIRECTOR: It is certificate has been signed by the attending physician and completely filled in the funeral ector, page 3 should be detached for use as the burial-transit permit. Then please reachon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH



1876

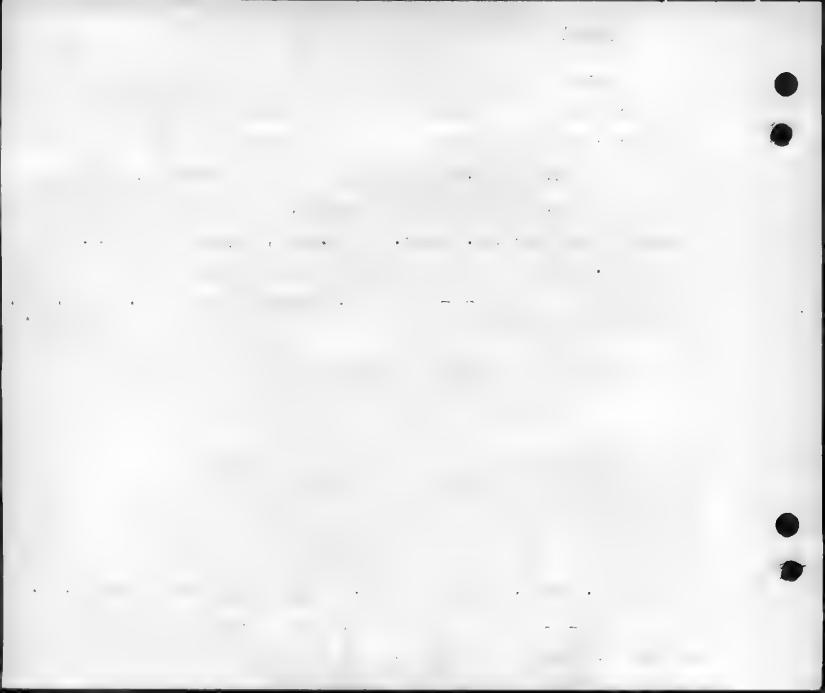
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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-	Frederick	, MARYLAND	d STATE Mary Land	b. COUNTY	n: Residence betare admission)" Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside to	rporate limits, write RU	7,
100	d. NAME OF HOSPITAL (find in hospital, give street of NSTITUTION Frederick Memorial Hosp	oital	d. STREET ADDRESS 101 West	12th Street	on a farm? YES NO
3	NAME OF DECEASED (Type or print) Clayton	Middle Howard Cronis	Last 4. DAT OF DEA	-	
	Male 6 COLOR OR RACE 7. MARRI	D X DIVORCED 🗌	August 22, 1875	last birthday) 85 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired Pattern Maker 3. FATHER'S NAME		Wheatland, Vi		U.S.A.
	Americus C. Gronise		Alice Brean		
	Yes, no, or unknown) (If was neve wer or dates of service)		ss A. Katherine C	ronise 101	" L W. 12th St. Fred
	18. CAUSE OF DEATH [Enter only one couse per lip PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), staling the under: 1ying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	dremai	phropoleonis	ASE CONDITION GIVE	PERFORMED?
1000	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 ar	Part II of item 1B)	YES NO NO
1	Haur -a. m While	JURY OCCURRED 20e. PL. Not while of wark	ACE OF INJURY (Home, form, 20f (clary, street, affice bldg., etc.)	City or town)	(Caunty) (State)
		196/, and that a	death accurred at // CM/from ATTENDING MED DIRECTOR 22d. ADDRESS 1.D. 228 North Mar	m the causes and STAFF PHYS	22- DATE SIGNED 2-15-196. Frederick, Md.
1 2	Burial 236 Date Thereof REMOVAL (Specify) 2-18-1961	Mt. Olivet C		cation (City, town, or derick, Maj	**
1 2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Frederick, M	25a REC'D BY REC	GISTRAR 256 REG ST	TRAR'S SIGNATURE

TO HOSPITAL ATTENTICE BOARD AND ATTENTICE OF HYSICIAN: The law requires that the death certificate be executed within 24 hours after dead may be remainly the bit of the board at the complete of the board at the complete of VR A15 (4) 35M 9/59

G PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours



PHYSICIAN; The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

VR A15 (4) 15M 9/59

may be retained by the final ar attending physicion.

TO FUNERAL DIRECTOR:

This centified in both processes of the formula formula formula formula formula processes and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

01853

11)11	QERTITION.	IL OI DEATH		
1. PLACE OF DEATH a. COUNTY FREDERICK	MANAGEME .	2 USUAL RESIDENCE (Where de o. STATE MARY LAN	D b COUNTY FRE	dence before admission)
b CITY OR TOWN (If autside corporate limits, w	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL or	nd give nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give so OR INSTITUTION	ireer address) 12 th. St.	d. STREET ADDRESS	2 th., St.	e ts residence On a farme YES NO
3 NAME OF PIEST OF STATE OF ST	Middle TH HIMES: DARNER.		ATE Month OF EATH February	17, Yeor
Femeale White w	DOWED DIVORCED	July 6, 1874	lost birthdoy) Month	DER I YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housevife	10b. KIND OF BUSINESS OR INDUS Homemaker	TRY 11. BIRTHPLACE (State or fore	cign country) 12.0	CITIZEN OF WHAT COUNTRY U.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	a. 12t. a.l.t.	
John Henry	Himes.		n Catherine Sti	ne
IS WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes, no or unknown) (If yes, give wor or dates of service) NO	3	iss. Daisy Dann	ner, 24, W. 12	th., St. Fre
1B. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	per line for (o), (b), and (c).]	tre heart de	_	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under. DUE TO	Severalize	ortenosel	norn	years
Iying couse lost.) (c)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN F	PART 1(a) 19 WAS AUTOPS: PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	Enter noture of injury in Port I	ar Part II of Item 1B.)	
Hour a.m.	20d. INJURY OCCURRED 20e. PL While Nat while foo of work at work	ACE OF INJURY (Hame, form, 20) tory, street, office bldg., etc.)	F. (City ar fown)	(County) (State
21 I certify that (I) (this hospital) a saw the deceased alive anel	4	. / 1	The state of the s	
220 SIGNATURE	partin MD.		OR PHYS.	226 DATE SIGNE
22c PHYSICIAN'S NAME (Type) REX R. MART	IN , M.D.	22d. ADDRESS 220, N. Ma	urket FREDERI	CK, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) Feb. 20, 1	23c NAME OF CEMETERY O 961 Jefferson Re		Jefferson, Fre	derick, Md.
24 FUDATERYS FUNERAL HOL	FREDERICK,	Maryland 25a. REC'D BY		SIGNATURE S. Kraus

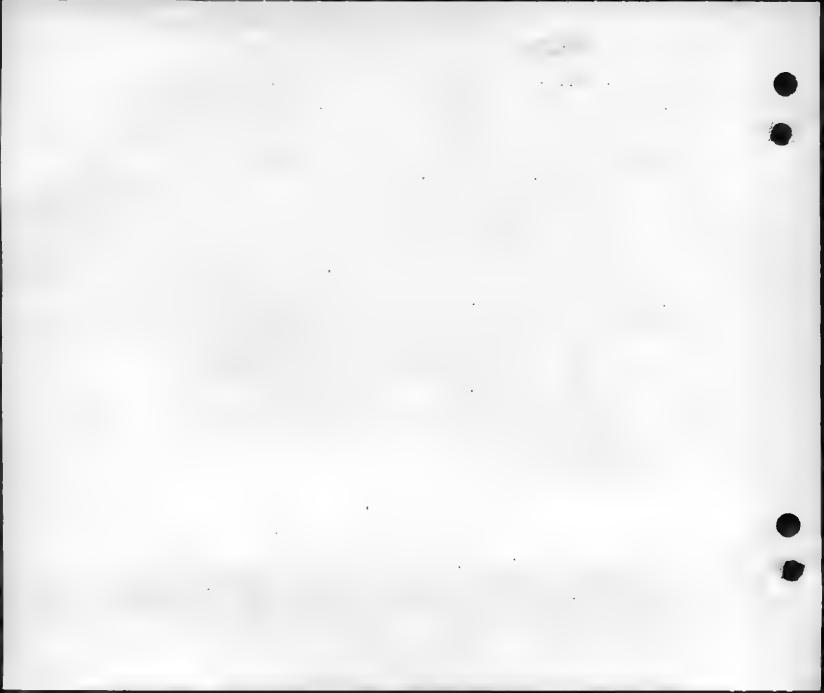


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1878 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
6. COUNTY Frederick	o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
liddletown 29 years	X Middletown
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
OK BASITIONOM	YES NOTE
3 NAME OF First Middle	Last 4. DATE Month Day Year
OFFICE ASED (Type or print) Herbert F.	Davis DEATH 2 12 1961
	B. DATE OF BIRTH 9. AGE: (In years IF UNDER 1 YEAR IF UNDER 24 HRS
male white widowed Divorced	2/1/1890 Iost birthdoy) Months Doys Hours Min
10g USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) high school principal, public sch	nool Maryland U.S.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jef erson Davis	Martha Stewart
	SFORMANY Address
(Yes, no, or unknown) (If yes, give war or dates of service)	rs. Evelyn Davis, Middletown, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Orthogo Scleso	the Heart disease ONSET AND DEATH
720.1 DUE TO Ch. Confinitar	Neartdisease
Canditions, if any, which) (b)	
gave rise to immediate couse (o), stoting the under-	
lying couse lost. (c) Cuttrus Sel	trous
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	uni () lattacles YES NO DE
20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part & or Part & of Item 18)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
To label C last white	ctory, street, office bldg., etc.)
	Denne - 10 71/2 12 20/ 1 1 1 1 1 1
2) I certify that (1) (this haspital) attended the deceased fram.	
	eath accurred at 4.45M, fram the causes and an the date stated above
220. S GNATURE () Slave black	ATTENDING STAFF SIGNED
22c. PHYSICIAN'S	M.D PHYS DIRECTOR PHYS 22d. ADDRESS
NAME (Type)	
Dr. J. Elmer Harp	l'iddletorm, Nd.
23a BUR A., CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, ar county) (State)
burial P/15/1961 Spring Hill	Cemetery Shippensburg, Pa.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS M	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Gladhill Company, Middletown, M	d. DATEFFB 1 5 '61 Colling S. Krown

in by the funeral director, and 2 should be filed with TO HOSPITAL ATTENDED TO PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the pool or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. VR A15 (4) 1SM 9/S9



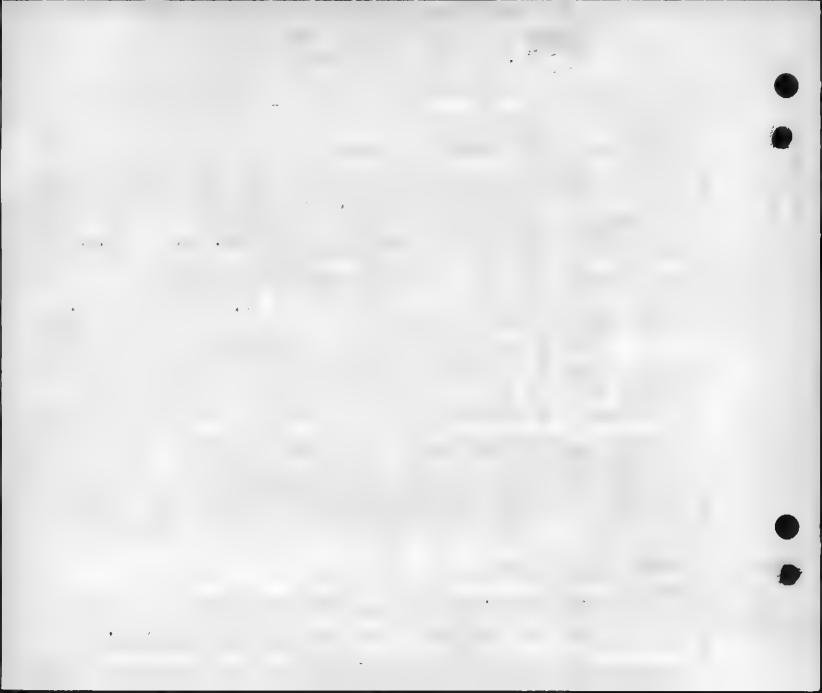
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1970		CERT	IFICA'	TE OF DE	ATH					0.1	8	15_
-	o. COUNTY Free	derick		ма	RYLAND	2. USUAL RESIDI	ence (Whe		l lived. If in b. CO	unty F	reder	e before	admissi	ion)
1	b CITY OR TOWN (RURAL and give n Frederick	If outside corporate lim earest town?		Since 1-2		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town))	
	OR INSTITUTION	Memorial H		_		STREET AD	DRESS						ON A	PARM?
3	B. NAME OF DECEASED (Type or print)	CLAY		OSCAF		EGRANGE		4. DATE OF DEATH			ruary		. 1	Year 19 61
	Male	6. COLOR OR RACE	WIDOWED		CED [B. DATE OF BIRTH			9. AGE (In last birth			Days I	lours	Min
	Retired-Fa	king life, even if retired	1	arm Tenar		Midd	Letow	n, Md			USA	EN OF W	/HAT C	OUNTR
1	3 FATHER'S NAME David DeGi	range			·	Joseph:			name i		-			
1	S. WAS DECEASED EVE (Yes, no pr unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of :	uncescui)	1-28-0952		oyd S. D	eGran	ge, J	effers	Addre				
	Conditions, if a gove rise to i couse (a), stoting lying couse lost.	m mediote (Leve :	celes Lel	of Clr			EL 2				WAS PERFO	RMED?
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in P	ort I or Port	I II of item 1	IB.)		1		
	20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Doy, Ya	While of work	URY OCCURRED Not while of work		ACE OF INJURY (Hetary, street, office			or town)	,	(C	ounty)		(510
	21 I certify the saw the decea 220 S GNATURE 22c PHYSICIAN'S NAME (Type)	A. T. Bric	2/13 3/13 e, M.	2.196/. or	nd that d	M.D ATTENDING PHYS 22d ADDRES Jeffe	A DIR	M, fram ECTOR Mary			on the		b 1	obov b DATE 961
	Burial (Specify	2-16-61		Luthera		netery		Jeff	rion (city,	Ma	rylan		(Stot	e)
	M. R. Etc	's signature hison & Son	, Fred	derick, M	laryla	ind	250 REC D	8Y REGIST 1 7 '61			TRAR'S SIG			

TO HOSPITAL ATTENDED TO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after declined and by the hitolar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral integration, page 3 shauld be detached form and os the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

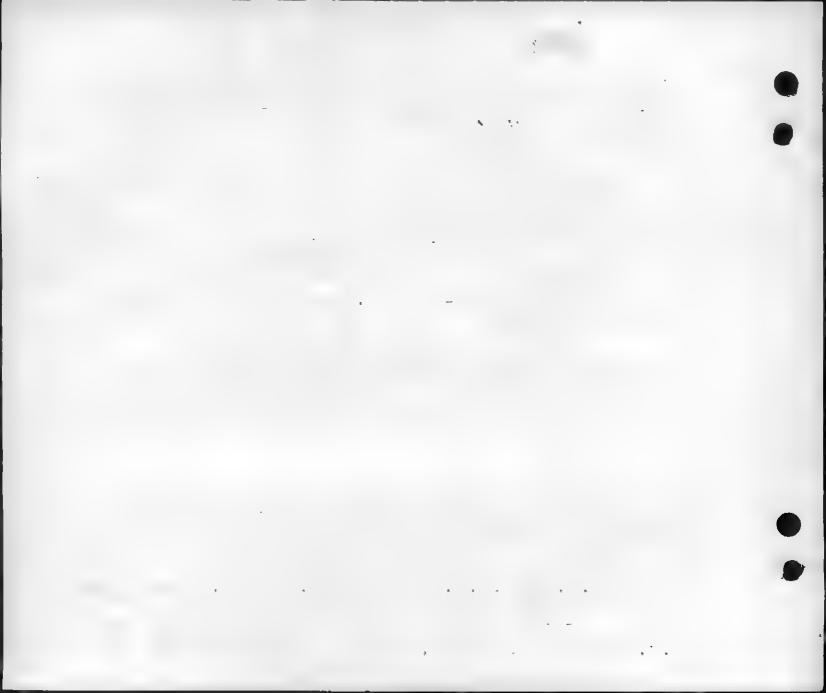
1001

01857

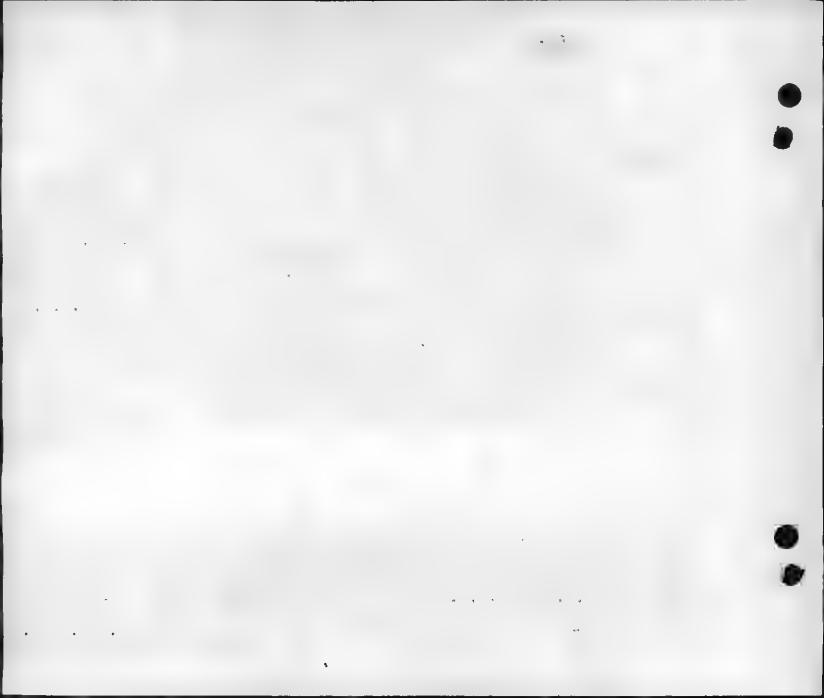
		QERTITION.	E OI DEATH						
1. PLACE OF	F DEATH TY		2. USUAL RESIDENCE (Who	ere deceased lived If institute b COUNTY	ion. Residence before admission)				
	erick	MARYLAND	Maryland Frederick						
	OR TOWN (If outside corporate limits, was and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Fred	erick	Since 2-19-61		-Rural RD#1					
d NAME	OF HOSPITAL (If not in hospital, give s STITUTION	reet address)	d STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?				
Fred	erick Memorial Hos	pital	/ Mount Ple	asant	YES A NO				
3 NAME OF DECEASE (Type or	D	MARKELL	DUTROW	4. DATE Mor OF DEATH	February 22,961				
s sex Male	7777 . 2 3 .	MARRIED NEVER MARRIED 8.	7 March 1899	9. AGE (In years lost birthday)	Months Days Hours Min				
	OCCUPATION (Give kind of work done				12 CITIZEN OF WHAT COUNTR				
Farm	mast of working life, even if retired)	Farm Owner	Maryland		USA				
13. FATHER'S	the state of the s		14. MOTHER'S MAIDEN N	AME					
Robe	rt Sourin Dutrow		Nettie Cra	mer					
15 WAS DE	CEASED EVER IN U.S. ARMED FORCES?		ormant s. Rose Dutro	1	tem #2)				
gave couse lying	rise to immediate (b) Colors to immediate (c), stoting the under- cause lost. C) PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(o) 19 WAS AUTOPS PERFORMED?				
OR CON OR CON OR CON	CIDENT WAS UNDERLYING 206	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	ort I or Port II of item 18.)	YES NO				
OR CON	NTRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER								
	aur a.m.	tod, INJURY OCCURRED 20e, PLAC While Nat while facts It wark 0 t wark	CE OF INJURY (Home, farm, pry, street, office bldg., etc.	20f. (City or town)	(County) (Sta				
saw tl	21. I certify that (I) (this hospital) attended the deceased fram 1920. to 1920, to 1920, the 1961, that (I) (we) losaw the deceased alive on 1961, and that death occurred 15PM, fram the couses and on the date stated about								
	SNATURE BOTH	· · · · · · · · · · · · · · · · · · ·		STAFF PHYS	23 Feb 1961				
	YS CIAN S ME (Type) B. O. Thoma	s, M. D.	22d. ADDRESS 228 N. Max	ket St., Fred	erick, Maryland				
Bur i	CREMATION, 236 DATE THEREOF 2-25-61	Mount Olivet	_	23d LOCATION (City, town, Frederick, M	aryland				
24. FUNERAL	R. Etchison & Son,	Frederick, Maryla		, O. 1180 O. T. 1111	ISTRAY'S SIGNATURE				

TO HOSPITAL ATTENTY OF PHYSICIAN: The law requires that the death certificate be considered by the property of an alternating physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be fitted with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



1	MARYLAND STATE DEPART!	MENT OF HEALTH—BALTIMORE, 18
R STATE	18 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. Dist. No. (1185)
ALTH DEPT.	* PRACE OF DEATH COUNTY Frederick MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) o STATE Maryland b. COUNTY Frederick
af He of He	b CITY OR TOWN (II outside corporate him s, write RURAL c. LENGTH OF STAY IN T LOW) Life Life	c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) Thurmont R.F.D4
Board	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Og/n Home	d STREET ADDRESS on a farme yes \bigcup no \bigcup
or dear	3. NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Howard Franklin	Eckenrode Control Feburary 4 19 6
ours offe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVER MARRIED WIDOWED DIVORCED	June 7, 1953 half hyphday) yrs. Months Days Hours Min
ond 2	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND durrenmost of working life, even if retired)	U.S.A. 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY U.S.A.
T and	George A. Eckenrode	14 MOTHER'S MAIDEN NAME Emma E. Groshon
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NO. 01 UNITONIA) (II yes, 6 we war or dates of service) None	Mrs Emma E, Eckenrode, Thurmont R.F.D.
i d burial-transit pr	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) Conguette (c) Conguette (c)	L'adhesis Z Band Z Heart Failure
Semonic of the semoni	Time	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 19 NO
Tion to	CAUSE OF DEATH.	(Enter nature of injury in Part I ar Part II of Hem 18.)
or 10 E	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e While NoI while of work of work	PLACE OF INJURY (Home, Iarm, 120f. (City or town) (County) (State) actory, street, effice bldg., etc.)
id 'i	21. I certify that I taak charge of the remains described a opinion death resulted fram: Natural causes	bave, held an Autapsy 🛂, Inspection 🔼, Inquiry 🔲, and in m t 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
p a	ACTUAL BOThomas	M D CHIEF MEDICAL EXAMINER [
design	EXAMINER'S B.O. Thomas, M.D.	ASSISTANT MEDICAL EXAMINER Feburary 6, 1961 DEPUTY MEDICAL EXAMINER FEBURARY 6, 1961
or its	Burial Cremation, 226 date thereof Burial 2-9-61 Lewistown	Cemetery Lewistown Fred. Co. Md
NE C	Taymond & Criage Thurmo	nt, Md. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Outlan 8. Known



23. FUNERAL DIRECTOR'S SIGNATURE
M. R. Etchison & Son, Frederick, Maryland

CERTIFICATE OF REATH

01853

			1000		CERTIF	ICA	IE OF DEATE		Reg. Dis	l. No.	-00
)		PLACE OF DEATH COUNTY Frederick			MARYLAND 2. USUAL RESIDENCE (Where deceased I			. h Cc	ived. If institution: Residence before admission) b. COUNTY Frederick		
	K	b. CITY OR TOWN (If outside corporate limits, write c. RLRAL and give nearest town) RD#1 RD#1			c. LENGTH OF STAY IN 16 65 Years		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Knoxville-Rural RD#1				
	N	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Near knoxville			oddress)		d. STREET ADDRESS Near Knoxville			e. 15 RESIDENCE ON A FARM? YES NO	
		NAME OF DECEASED (Type or print)	RUT!	H	Middle ELLEN		FERRELL	4. DATE OF DEATH	Month Februar	у 19,	Year 1961
	5. S	Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED ED DIVORCED [-	26 Nov 1891	9. AGE (In last birth	years IF UNDER 1 hday! Months yrs.	YEAR IF UND Days Hours	
	100.	during most of wor House-Wol	rlyng life, even if relired	done 10b.	At Home	INDUST	RY 11 BIRTHPLACE (Stole Washingto		12. CITI US	ZEN OF WHA	T COUNTRY
1	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		AME				
		George J.	B. Lewis				Rose V. Tu	cker			
	15 (Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO		ORMANT		Address		
		No			None	J.	Edgar Ferrel	1, RD#1, K	noxville,	Md.	
		Conditions, if of gove rise to	mmediate (IR.	ne for (a), (b), and (c)]	25	of the	les of	Tim	INTERVAL BONGET ANI	
		lying cause lost.									
CATION	CERTIFICATION			DITIONS C	CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART	PERF	AUTOPSY ORMED? NO []
MEDICAL	MEDICA	20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Day, Ye	While	NJURY OCCURRED 20 Not while at work	e. PLAC facto	CE OF INJURY (Home, form, ary, street, office bldg., etc.	20f. (City or town)	(C	ounly]	(State)
		21. I certify that I attended the deceased from									
		PHYSICIAN'S NAME (Type)	C. E. Pru	itt,	M. D.		Brunswick,	Md.			
	220.	BURIAL, CREMATIC REMOVAL ISPECIFY BUTIAL	2-22-61)F	22c. NAME OF CEMETE Reformed Co			22d. LOCATION (City, Jefferson		d d	ole)

240. REC'B BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

Ital ar ottending physician.
This certificate has been signed by the attending physician and completely filled in the functor director, are os the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with arrives on the burial-transit permit. PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 3 should be detached for use os the burial-transit permit. Then please remayes the registrar prior to burial, cremation, ar remayol, and in any event within 72 haug TO FUNERAL D TO HOSPITAL

Poge 4

VS A15 (4) 15M 10/57





# D	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	11867
7	1885 CERTIFICATE OF DEATH Reg. Dist. No.	001
	1 PLACE OF DEATH O. COUNTY O. STATE O.	ICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) A DEATH OF HOSPITAL (If not in hospital, give street oddress) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) A NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle Lost 4. DATE Month Do OF DECEASED (Type or print) W// L / A / I / A /	YES NO NO
	MALE WITTEWIDOWED DIVORCED 2 MAR. 1843 los biológy) Months Days	1F UNDER 24 HRS. Hours Min
	100. USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State of foreign country) 12 CITIZEN OF COUNTY 12 CITIZEN OF COUNTY 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S .
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (If yes, give were or dotes of terrical) 217-01-4688 MR < JOHN BUKE HEIZ LIBERT)	TOWN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) Conditions, if any, which)	ERVAL BETWEEN EET AND DEATH
	gove rise to immediate couse (o), storing the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	(Stote)
	Hour o. m. p. m. 19 While at work of the deceased from 19 While at work 19 In that I after that I after the deceased from 19 In the deceased from 19	v the deceased
	alive do 1 1 19 (f., and that death accurred at 2 30 M. From the causes and an the date ADDRESS (STITES), CITY FOR JOHN, STOLE) ACTUAL SIGNATURE ACTUAL SIGNATURE	
	PHYSICIAN'S J. H. MIESS LER. MIO.	
	220 BURIAL, CREMATION, 226. DATE THEREOF 220 MAME OF CEMETERY OR CREMATORY 221 LOCATION (City, town, or county) REMOVAL (Specify) 8 FB 6 FB 6 FB 124 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS 124 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
1 []	DUHARTAGER HOUS LIBERTY TOWN MODATEFEB 9 '61 arthur S. Krau	A



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1886

01862

1.	PLACE OF DEATH o. COUNTY	ederick		MAR	rland ,	aryla:		era daceosa	d lived. If instit b. COUN	The	ederic		
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY						RURALo	nd give nearest	town)	
	Braddock H			Month		Jefferson, Laryland X							
	d. NAME OF HOSPITA	AL (If not in hospital, g	jive street	address) ad Rest Hon		d. STREET A	DDRESS				e. IS	RESIDENCE N A FARM?	
	Vindabona	Convalesce	nt ar	nd Rest Hom	ie	Jeffe:	rson				YES	NO IX	
3.	NAME OF DECEASED (Type or print)	THER		Widdle Virgin		FRY		4. DATE OF DEATH		lonth ruary	Doy 28,	Year 19 61	
5.	SEX	6 COLOR OR RACE	7 MARE	RIED NEVER MARR	ED 🔲 8	DATE OF BIRTI			9 AGE (In year	IF UN	DER 1 YEAR IF U		
1/1	emale.	White	WIDOWI	ED 🔼 DIVORCE	D 🔲 📗 N	arch :	3,197	7'7) Monti	hs Doys Ho	urs Min.	
100	LSUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR					12.	CITIZEN OF WH	AT COUNTRY?	
	Housewil	ing life, even if retired	' 닉	lousework		Burk	itus	ville	,Md.		U.S.A.		
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Thomas	Fox				Mild:	red 1	<u>lurne</u>	r				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17 INFC	RMANT			A	ddress			
(10	NO [If yes, give war or dates of a	stvice)	None	lil	dred .	A Fry	y, J	effers	on,	arylan	id.	
F	18 CAUSE OF DEA	TH [Enter anly one co	use per i	ne for (o), (b), and (c)	-1	17		_			INTERVA	L BETWEEN	
	PART I. DEAT	TH WAS CAUSED BY.	,	5 Halen	aD	Fine	chra is-	wel	21			LEW S	
	5 3 2 :	IMMEDIATE CAUSE (o		(1)			-		2		1	7	
	Conditions, if or	an anti-rate V	(Serel	200	1.h	200741	clos	315		3	Total	
	gove rise to in	n mediote (, ,			~1				
	couse (o), stoting to lying couse lost,	the under-	. /	E Char	1 8 2.4	G 211	LLEO	Carry	Lucus	Schel	25/35	-Cirls	
CERTIFICATION													
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Nat white	20e. PLAC factor	OF INJURY (y, street, office	Home, form bldg., etc	20f. (Cit	y or town)		(County)	(State)	
	21 certify the	t (I) (this hasnita	1 attend	ded the deceased	fram	eb. 2	9 10	ol la	Feb. 2	8, 1	961, that (Il (we) lost	
	saw the deces	ed alive an Fe	b. 2	ded the deceased	that do	th accurre	d at 180	A from	the causes	and an	the date to	ted abave	
	22a SIGNATURE	> (/	, >)	7 11101 000	ini discorre	3 G1 BC	777, 11 0111	me caoses	ond dir	me date sta		
	(1	L. T. L.		21 62	M.I	ATTENDIN	CXX MI	ED. RECTOR [STAFF PHYS		2/2	8/61GNED	
	22c PHYSICIAN'S					22d ADDR						;	
	NAME (Type)	A. T. Bri	ce, l	M.D.		J	effera	son, M	laryland				
230	BURIAL, CREMAT O	N, 236 DATE THEREC	DF.	23c NAME OF CEM	AETERY OR C	REMATORY		23d. LOCA	TION (City, tow	n, or coun	nty)	(Stote)	
	BREMOVAL (Specify)	Larch 2	,196	SISt. Paul							ryland.		
24.	FUNERAL DIRECTOR'S			ADDRESS			25a REC'	D 8Y REGIS	TRAR 25b. RE	GISTRAR'S	S SIGNATURE		
M	.R.Etchis	son & Son	,106	E. Chur	ch St		DATE !	AAR 3	'61	Criti.	1 & trace		
			-	Frederi			d.	-					



Reg. Dist. No. () 1863

IF UNDER 1 YEAR IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES TO NO L

(Stote)

DATE SIGNED

(Stote)

Days

U.S.A.

(County)

arthur S. House

Months

e. IS RESIDENCE

ON A FARM?

YES NO 📆

Year

01 19

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY o. STATE IL COUNTY Frederick MARYS AND Frederick b CITY OR TOWN lift outside corporate limits, write RURAS C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cornorate limits, write PURAL and nive penrest town). Frederick Id fatima Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d STREET ADDRESS E IS RE IDENCE ON A FARM? 300 Block East Third St. YES TO NO South Market Street refaine. State death. NAME OF Middle Yeor DECEASED Malvin (Type or print) DEATH Geisinger 10 61 Fahmianv hours ofter may be 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9 AGE IIn years IF UNDER TYEAR 5. SEX IF HINDER 24 HRS ost birthday) Months Down WIDOWED | White DIVORCED [7] 1, 2, and Page 5 1 and 2 10a, USUAL OCCUPATION (Give kind at work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Sigle or foreign country) 12 CITIZEN OF WHAT COLNTRY? during most of working life, even if retired) Frederick, Maryland Employed at Ox Fibre Brush Co. U.S.A. 18. Give Pages 1, g with form PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Katie R. Getzandanner George Daniel Geisinger 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Mrs. Florence B. Geisinger 119 S. Market St. No 18. CAUSE OF DEATH. [Enter only one cause per line for (a), (b), and (c)] plong PART I. DEATH WAS CAUSED BY: Acute heart failure IMMEDIATE CAUSE (o) Office DUE TO Examiner's Officed as a burial-tra Candilions if any, which Healed myocardial infarct eave rise to immediate course **DUE TO** (a), stating the underlying Arterio sclerotic heart disease cours fort PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION Bsed FREORMED? Chief Medical E 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f, (City or town) Month, Doy, Year 26c. TIME OF INJURY (County) (Slote) factory, street, office bldg., etc.) While Not while ifing of al work of wark 21 I certify that I took charge of the remains described above, held an Autopsy K., Inspection ... Inquiry ond in my shauld be farward. opinion deoth resulted from: Notural causes A. Accident . Suicide . Hamicide . Undetermined monner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 2-2-1961 M.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) Dr. B. O. Thomas, Sr. 270 BURIAL CREMATION, 726 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Littlestown, Pennsylvania Burial Mount Carmel Cemetery

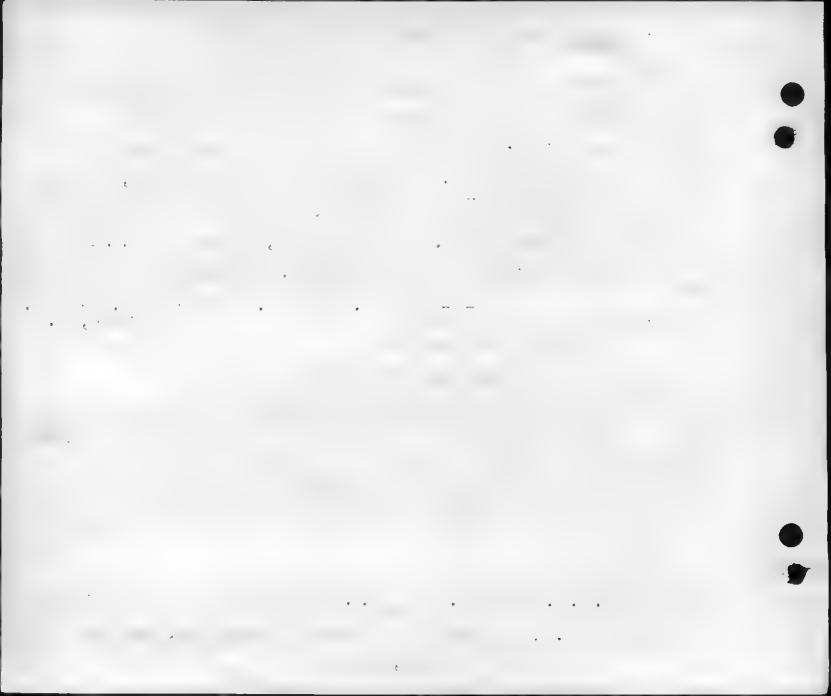
Frederick. Maryland

240. REC'D BY REGISTRAR

24b, REGISTHAR'S SIGNATURE

A15ME

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where decemed lived of institution, Residence before admission) .. COUNTY Frederick Health, b COUNTY Frederick MARYLAND b CITY OR FOWN (Il outside corporate him y, write RURAL c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) o Knoxville-Rural RD#1 30 Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? St. Marks 121 East Patrick Street YES NO X Sto'e death NAME OF First Middie DATE DECEASED MICHAEL (Type or print) ARNOLD HEMP. DEATH February 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yours FUNDER TYEAR IF UNDER 24 HKS 78 Months Hours Male White WIDOWED IT DIVORCED [April 1882 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) Fo. Retired Self-employed Live Stock Dealer Petersville, Maryland USA 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME Peter S. Hemp Mary Catherine Arnold 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT No Mrs. Mary C. Hemp (Same as item #2) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis Minutes IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerosis and Hypertension Years Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying Ð couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19. WAS AUTOPSY pase PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CT 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office blda., etc.) 0. m. Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and in my opinion death resulted from: Notural causes X. Accident ... Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S B. O. Thomas, M. D. 22 Feb 1961 DEPUTY MEDICAL EXAMINER KI NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial 2-24-6190 Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE VS A15ME FEB 23 '6 M. R. Etchison & Son, Frederick, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		1892	IION OF	CERTIFIC	ATE	OF DEAT		E I, MAKI	LAND		()1	868
1	PLACE OF DEATH	rederick		MARYLANG	11	usual residence	(Where de	- 1	CT -CT -CT -CT -CT -CT -CT -CT -CT -CT -		before odm	
r	b. CITY OR TOWN	(If outside corporate lim	its, write	c LENGTH OF STAY IN 11	,	c. CITY OR TOWN	(If autside	carparate lin				
	Culler	· ·		40 days		Hagers	town		201	10	4	
		PITAL (If not in haspital.	give street	M. T.		d. STREET ADDRES				· ·	e. IS R	ESIDENCE A FARM?
	Victor	A	tate	Hospital		1 E. B	alti	more	Stree	t		NO K
3.	NAME OF	Fi	est	Middle		Lest	4. D	ATE	Manth	1	Day	Year
П	(Type or print)	Agne	S	Bertha		Hill	1 6	PEATH	2		14	961
5	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B D	AJE OF BIRTH					YEAR IF UN	
E	Pemale	White	WIDOW	ED DIVORCED	1	1/7/188	4	7	birthdoy)	Months D	loys Hou	s Min.
10	USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (S	tole or for	eign country)		12. CITIZE	N OF WHA	COUNTRY?
1	Housewi		"			Maryla	nd			U.	S.A.	
13.	FATHER'S NAME				14	. MOTHER'S MAID						
	Tames W	Vesley Tip	nitt			Appie	Hanc	ock				
		VER IN U. S. ARMED FOI	RCES7 16.	SOCIAL SECURITY NO. 17	INFOR				Addre	25.5		
1	-No	(it yes, give way or dates at	ses vices	None	Rec	eord of	Vict	or Cu	llen	Hosp	ital	
-		EATH [Enter only one of	ouse per li	ne for (a), (b), and (c).]							INTERVAL	
	PART I D	DEATH WAS CAUSED BY:	n P12	lmonary tuk	ero	culosis	002				ONSE AN	rears
	00	DUE TO										
	Conditions, if	any, which	b)									
	gove rise to cause (a), statis	immediate Duc To										
	lying couse las		c)									
N	PART II. C	THER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH E	UT NO	RELATED TO THE T	ERMINAL C	SISEASE CON	DITION GIVE	N IN PART	1(a) 19. WA	S ALTOPSY
CATION	Arten	riosclerot	ic H	leart Diseas	se -	- 420					YES [
CERTIFI	20g ACC DENT	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20h DES	CRIBE HOW INJURY OCCUP			y in Port I	or Port II af	item 18)			
MEDICAL	20c. TIME OF INJ Hour a. n p. n	10	or 20d I While	Not while	PLACE foctory.	OF INJURY (Home, , street, office bldg.,	form, 20 , etc.)	f. (City or tav	vn)	(Co	unty)	(State)
	21 certify t	hot (I) (this hospita	1) otteno	ded the deceased from	n	1/5	1967	to 2/	4	1961	that (I)	(we) last
		eased alive on	2/14			b occurred of	1.7					
	220 SIGNATURE	. /	2 4 1	—			MELIAN TYTY	Train inc c	dose, a dire	r dir vile		22h DATE
	-u	in charl	9,	sour	1 M.D	ATTENDING PHYS	MED DIRECTO	OR A PH	YS 🗆	2/	14/19	961
	22c PHYSICIAN'S NAME (Type					22d. ADDRESS						
	Traine (Type	Michael C	. Za	evis, M.D.		Culle	en, l	Maryla	and			
23	BURIAL, CREMA		OF T	23c NAME OF CEMETERY	OR CR	EMATORY	23d	LOCATION (City, tawn, or	county)	(S	tate)
	REMOVAL (Speci	2/16/	61	Rose Hil	0	Com	2	local	elon	mo	/	
24	FUNERAL DIRECTO		-	ADDRESS		25a	REC'D BY	REGISTRAR	25b. REGIST	RAR'S SIGN	NATURE	
1	7 10 la	dh	2/0-	2 7 h	1	DATE	cep :	161 0	Ch	Thur S.	trues	

FER 2 0 '61

17 18 Coffman Hagerston md

TO HOSPITAL VR A15 (4) 15M 9/59 Page 4

the attending physician and campletely filled in typine funeral director.

Then please remaye carban papers. Pages 1 and 2 should be filled with and in any asset within 72 hours other death

may be retained by the nasputal ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board at Health prior to burial, cremation ar removal, and in any event, within 72 haurs after death.

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours

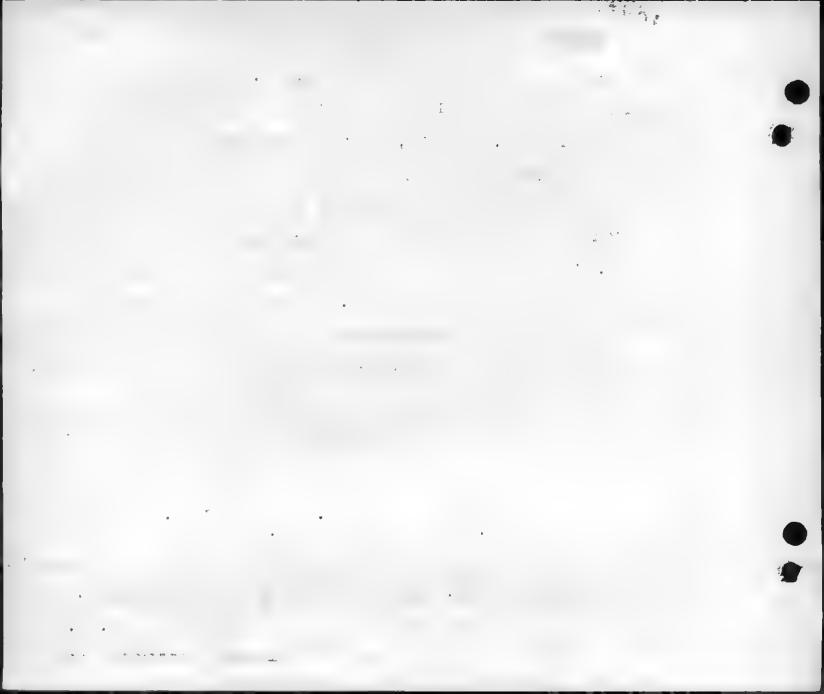
TO HOSPITAL

VR A15 (4) 15M 9/59

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61

PLACE OF DEATH Q. COUNTY Freder	iek		MARYLAND	2. USUAL RESIDE	NCE (Where	5	If institutions, COUNTY	n. Residence		nission) ¥
b CITY OR TOWN	If outside carporate limi	ts, write c. t	ENGTH OF STAY IN 1b	c. CITY OR TO	WN (If autsic	de corporate lin	nils, write RL	JRAL and giv	re nearest k	own)
RURAL and give of	ek		19 days	Nitr	·o				2 5	X-
d. NAME OF HOSP	TAL (If not in hospital, g	ive street oddr	ss) Ward 200	d. STREET ADI	DRESS					RESIDENCE
Welter Ree	d General H	osp. Ft	Detrick, Md	2707	27th	Street			YES	☐ NO 🖸
3. NAME OF DECEASED	Fir	'sl	Middle	Last	4,	DATE OF	Mani	h	Day	Year
(Type or print)	TRE	DERICK	G	HII	L	DEATH	Fe		17	?61_
5 SEX	6. COLOR OR RACE	7 MARRIED	X X EVER MARRIED	B. DATE OF BIRTH		last	birthdoy)		YEAR IF UI Days Hau	NDER 24 HR
Male	Cau	WIDOWED [L932		28 yrs			
Oa. USUAL OCCUPATI	ON (Give kind of work in	dane 10b. KINI	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLAC	CE (Stole or f	areign country)				AT COUNTRY
Mili	rking life, even if retired				st Vir				USA	
13. FATHER'S NAME				14. MOTHER'S M	ALDEN NAM	E				
	R. Hill				a Weed	dell				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16 SOC	IAL SECURITY NO , 17	NFORMANT			Addr	ess		
Yes	, , , , , , , , , , , , , , , , , , , ,	234	-50.6815	Mrs. Cath	erime	Hill	Wife	SEIMO :	as #2	
1B. CAUSE OF DE	ATH [Enter only one co	ouse per line fa	r (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY-	1	Pulmonary	edema					0,132,1	
201	DUE TO									
Canditians, if	ony, which) (b	.1	Hedgkins	Disease					7	years
gove rise ta	immediate (Due To	•								
couse (a), stating		-\								
PART II. O			TRIBUTING TO DEATH BU	T NOT RELATED TO T	HETERMINA	L DISEASE CON	IDITION GIV	EN IN PART	P.F.	AS AUTOPS) REORMED?
OR CONTRIBUTIN	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enter noture of i	injury in Port	For Part 11 of	item 1B.)			
20c. TIME OF INJU	19	while		LACE OF INJURY (Ho actory, street, affice !		20f. (City or to	wn)	(Co	ounty)	(State
		1) attended	the deceased fram	30 Jana	106	1, ta .17	Feb.	. 19 6	1. that (I) (we) lo
			_1961 , and that		0010					
220. SIGNATURE	used diffe dil		_ 17 QE 7 dild filor	dedili decorrea	Gr_LAME FFI	, it dill the t	200303 011	d dit inb	00/0 0/0	22b, DATE
	-1/			M.D. PHYS	MED.	TOR PH	AFF YS		1'	7 Feb
22c. PHYSICIAN'S	SKI	//		22d. ADDRES						
NAME (Type)	SCHELDON KR	ESS. Co	pt. MC	HSA N	dedical	l Unit.	Ft. De	trick	. Md.	
230 RURIAL CREMAT	ON, 23b. DATE THERE		C NAME OF CEMETERY			d. LOCATION			A MANAGE II.	(State)
REMOVAL (Specif	y)	-61	Cumningham			St Alb			W_ V=	
24, FUNERAL DIRECTO		1	ADDRESS	2 1	Bo. REC'D B	Y REGISTRAR		STRAR'S SIG	NATURE	/
100/0	2000	1/2/0	the The	1/ entx	DATE 17	Teb 61	1/1/2	Aldo	1-11-,-	/21 710
Mobient	(Aleck	ey y	(, Y/X)	11 / 1 pm			- Trade	vru y	- UN.	1 Wille
		V //			FER	B 2 0 '61	C	Inthun &	Healed	



Brunswick, Maryland

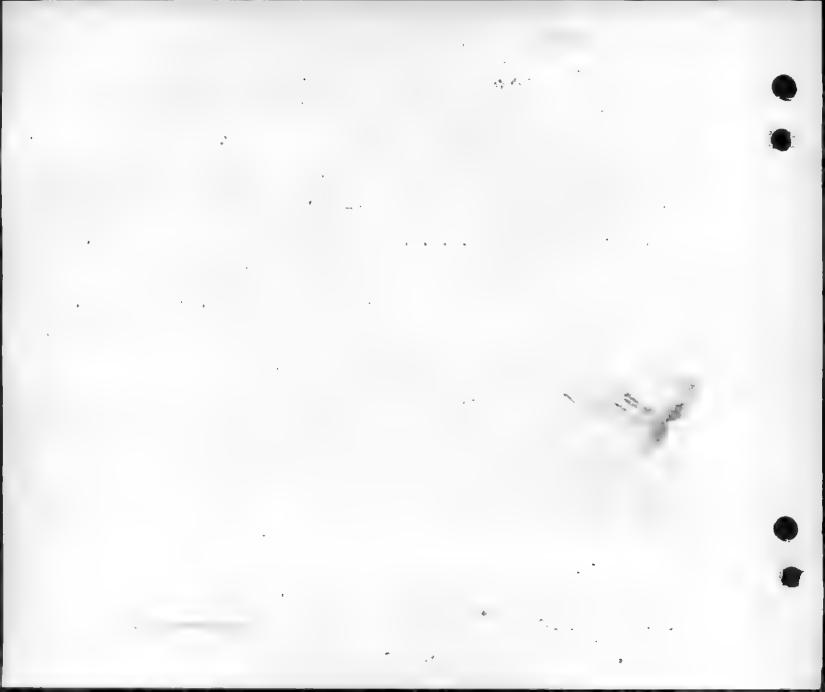
24b REGISTRAR'S SIGNATURE

Onthon & France

24a, REC'D BY REGISTRAR

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNIATURE



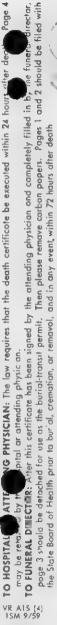
IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1895

01871

	1, PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
1	U. COOM	Frederic	2	MARYL	AND	Maryland Frederick							
1	b. CITY OR TOWN (RURAL and give n	f outside corporate limi	ts, write	c. LENGTH OF STAY IN		·	TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Frederi	ck		Days] []		rick-Rural-R.F.D.#6						
	d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	ive Street	address)	1	d STREET ADDRESS e. 15							
-	Frederick	Memorial H	lospi	tal		Near Jug Bridge							
	3. NAME OF DECEASED	First		Middle		Lost	4 DATE OF	Mont		Day Year			
	(Type or print)	CARROI		WALLA		KENT	DEATH		ruary	3, 96L			
	S. SEX		7. MARE	RIED 🖍 NEVER MARRIED	_	ATE OF BIRTH		9 AGE (In years last birthday)	Months Days	AR IF UNDER 24 HRS	S.		
	Male	White	WIDOWI	1-md		arch 5, 18		77 yrs.					
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work a king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or fareign co	ountry)	12. CITIZEN	OF WHAT COUNTRY	fî		
	Farm-Owne	r		Farning			Marylar	ıd	1	USA			
1	13. FATHER'S NAME				14	I. MOTHER'S MAIDEN							
-		as M. Kent					y Walla						
and the same	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17, INFOR			Addre					
	No		2	19-36-4253	Mrs.	Fern H. K	ent- Sa	me as It	em_#2		_		
		*	use per li	ne for (o), (b), ond (c).]	0	9	,	*		ONSET AND DEATH			
	PARI I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	1	arterio	226	who !!	floor	() iseus		142			
	100	DUE TO		6		- 9	,			/,,			
	Conditions, if a		1	menn	u	-emo	lley			(gr			
	cause (a), stating		1 ur										
	tying couse lost. (c) Suttentional Man orthogo Part II, Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Pal										_		
	PART II. OTI	1ER SIGNIFICANT CON	1	ONIKIBUTING TO DEAT	1 BUINO	RELATED TO THE TER	MINAL DISEASI	CONDITION GIVI	:N IN PAKI I(O)	PERFORMED?			
		C HADEBINANG FT	20b. DES	CDIDE HOW INJUDY OCC	CHIPDED /E	nter nature of injury i	a Sari Lay Pari	Ill of item 18.	<u> </u>	AE OX NC X	J		
	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW INJURI OC	CORRED. (E	mer notice of inforty t	1 1 1 1 1 1 1 1 1 1 1 1	THE OF HOLD TO A					
	ZOc. TIME OF INJUR	Y Month, Day, Ye	1		Oe PLACE	OF INJURY (Hame, fa	irm, 20f. (City	ar lawn)	(Count	ty) (State	8		
	Hour a.m.	19	While of wor		rociory,	sites, office blog., e	elc.)						
	21 certify the	nt (I) (this haspital	l) attend	ded the deceased f	ram "	h.l. 1	1950 ta	Ful 3	. 19 6/.	that (I) (we) las			
	saw the decea		d	3 1961, and t	hat deat	h occurred al2:	3QP from	the causes and	d on the da	ite stated abaye	e		
r	22g. SIGNATURE	,	A	-						22b.DATE SIGNE			
	1 2/h	unser &	150	vne	M.D	PHYS K	MED DIRECTOR	STAFF PHYS	2/	7/1961 SIGNE	L		
į.	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
		Thomas E.	Ston	e, M.D.		West Thir	d Stree	t, Frede	rick, Ma	aryland			
	23a. BURIAL CREMATIC REMOVAL (Specify			23c NAME OF CEMET				TION (City, town, o		(Stote)			
	burial	Feb.7,191	DIO		c_Memo	rial Park		ederick,		Waryland			
	24 FUNERAL DIRECTOR		97	ADDRESS	7		C'D BY REGIST		TRAR'S SIGNAT				
	M. R. Rt	chisan & Sa	n a B'	rederick. Ma	arvlar	ld DATE	FEB 9	'61 C	Jalley J. 7	COUNT			



by th

TO HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1896

CERTIFICATE OF DEATH

01873

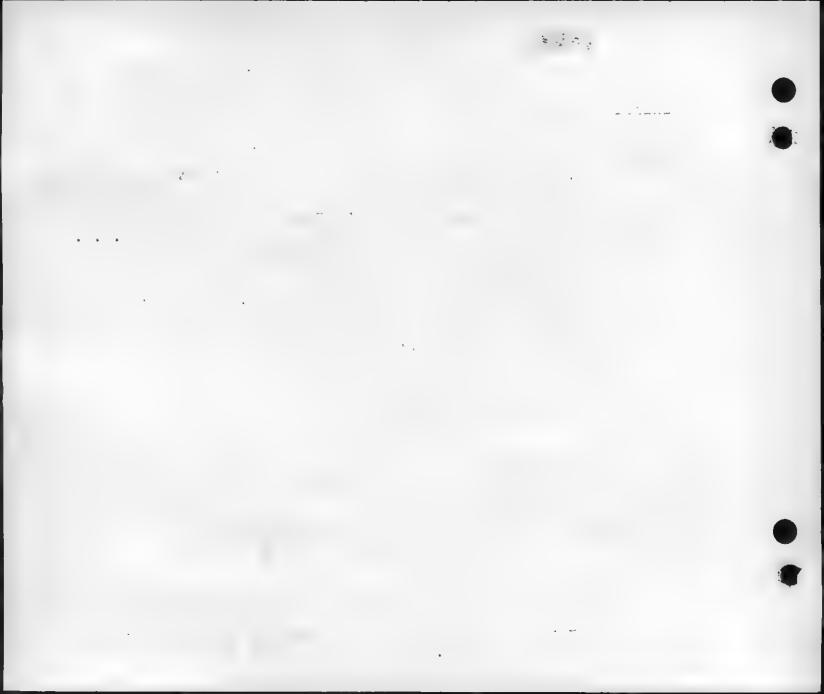
	-2 -0 47 ()		TWY MATE	11/11/11	7-4-D7	- 8 T			1	2 4
1. PLACE OF DEATH 0. COUNTY	Frederick		MARYLAND		DENCE (Wh	ere deceased lived ind		on Residence Frod		
b. CITY OR TOWN RURAL and give			E. LENGTH OF STAY IN 16	e. CITY OR T Burkit	own (IF o	utside corporate li .11c	mits, write R	URAL and gr	ve nearest to	wn)
	PITAL (If not in hospital,		oddress}	d. STREET A	DDRESS		1		ON	ESIDENCE A FARM?
	Memorial			<u></u>			-		162	
3 NAME OF DECEASED (Type or print)	Harry	irst T	Middle Ellwood 1	lasi ia vaha	ì	4. DATE OF DEATH	Eeb Man	th	Day	Year 1961
S. SEX	6 COLOR OR RACE		IED NEVER MARRIED	B. DATE OF BIRTH	1	la:	GE (In years of birthday)		YEAR IF JN	
Lale	White	WIDOWE		/	901		759 yrs.			
10a USUAL OCCUPA during most of v Fireman	rorking life, even if retire	d)	KIND OF BUSINESS OR INDU tationary		ACE (State)		S.A.	I COUNTRY
13. FATHER'S NAME		المراجب المساحب المساحب	V. S. V. A. C. L. S. L.	14. MOTHER'S	MAIDEN N	IAME				
	Armstead	Maga	nha			Ella	a Tri	tapee		
15. WAS DECEASED!	EVER IN U. S. ARMED FO	RCES? 16.		rinstead	ר די די	o'se Das	Add		- 712	
710			£	17.13 00 80	T TATAST .	Ser 31 Ser 3 D CT	M.L. U.U.	SVITI	o , ma	
Canditians, i gave rise to cause (a), stati	immediate DUE T	(o) O (b)	ramelocyt	i la	che-	mia, C	horas	u_	ONSET AN	yrs
CATIC		(c) NDIT ONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMI	NAL DISEASE CON	NDITION GIV	EN IN PART	PERF	S ALTOPSY FORMED?
OR CONTRIBUTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	11	CRIBE HOW INJURY OCCURRE	D (Enter nature o	f injury in I	Part I or Port II of	:tem 18)			
20c TIME OF IN.	10	ear 20d. 11 While of worl	Not while fo	ACE OF INJURY (I clary, street, affice			wn)	(Co	ounty)	(State
	that (I) (this haspite	al) attend	led the deceased fram.	2 Feb		M. from the				
220 SIGNATURE		Cho	ne_	M.D PHYS	G A MI	ED ST	AFF			226 DATE S GNE
22c PHYSICIAN NAME (Type		V. C	hase	4E	Chu	rch St	Fre	alexa	chi	Md
23a BURIAL, CREMA REMOVAL (Spec	ify)	,	23c NAME OF CEMETERY C	OR CREMATORY		23d LOCATION		ar caunty)	(51	tate)
Burial	12-5-19	OL	Lutheran			Bunkit		Lle, M	d	
24. FUNERAL DIRECT	1700000		ADDRESS			D BY REGISTRAR		STRAR'S SIGI		
Brill I	Who Br	unswi	ick, Maryland		DATE FE	18 8 '61	C	rthun L.	/ CLALLA	

may be reported by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the function page 3 should be detached far use as the burial-transit permit. Then please remave carbop papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, with 172 haby after death. **1G PHYSICIAN:** The law requires that the death certificate be executed within 24 hou ATT of

TO HOSPITAL

VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1897	CERTIFICA	TE OF DEATH	01873
1	PLACE OF DEATH O. COUNTY FREDERICK	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, a. STATE b	If institution Residence before admission) COUNTY Roller Communication
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) Frederick	e c LENGTH OF STAY IN 16	CITY OR TOWN (If autside carporote limi	ts, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give structure in the spital of the structure in the spital of the structure in the spital of the spit	eet address) G-H	G. STRET ADDRESS J. B. Greenbrier K.	e. IS RESIDENCE ON A FARM? YES NO IZ-
3.	NAME OF DECEASED (Type or print) NAME OF First PARTIAL First	B Middle	10st 4. DATE OF DEATH	Annth Day Year Feb. 25 196/
5	7	ARRIED HEVER MARRIED DIVORCED DIVORCED	8 Dec. 1934 9. AGE	(In yeors or the property of t
10	o. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Robert F Bil	06	Elizabeth	ohuson
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO. 17.	Hames & Maxwe	eli Spring Jackd-Tex
	18. CAUSE OF DEATH [Enter only one couse pe PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r ine for (o), (b), and (c)] CESP, ARRE	HEDEKINS DI	SEASE 22 MONT
	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost (c)	HODGKINS C) ISGASE	
CATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
L CERTIFI	200 ACCIDENT WAS UNDERLYING 1 20b. I OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of its	em 18.)
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20c Haur a. m. 19 at a	1 6.	ACE OF INJURY (Home, farm 20f. (City or town ctory, street, office bldg., etc.)	(County) (Stote)
	21 1 certify that (I) (this haspital) attestion the deceased alive an 25 F		// /	auses and an the date stated abave.
		unon	M D PHYS MED STAF	25 Feb 1961 ²⁰⁸
	22c. PHYSICIAN'S NAME (Type) DAVID W. GRAUN	<u>ran</u>	22d. ADDRESS Ward 200 WRGH	
	BLR AL CREMATION 236 DATE THEREOF 2-27-61	23c. NAME OF CEMETERY C	0 0 0	ity, fown, or county) (Stote)
24	FUNERAL DIRECTORS SIGNATURE	Lon Frederic	250. REC'D BY REGISTRAR DATE EB 2 8 161	256 REGISTRAR'S SIGNATURE

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٩.	7	-lin		6	43

		1898		CERT	IFICAT	TE OF DEA	HTA			() 1	874
1,	PLACE OF DEATH	derick		MJ	ARYLAND	2. USUAL RESIDEN	Y4 an	1 b.	COUNTY	Residence be	1.4
	b CITY OR TOWN (IF RURAL and give nea FV COO d NAME OF HOSPITA	outs de corporate lir irest town)		c. LENGTH OF ST		c. CITY OR TOV	al f	corporate lim	its, write RU	RAL and give r	e (S RESIDENCE
1	OR INSTITUTION	4 1. 44	2 MOY I	1							ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Jol	irst N	Mid Calvir	1	McKee		DATE OF DEATH	Month 2		Day Year 1961
5	Male	White.	WIDOWE	ED K NEVER MA	RRIED 🗍	G-9-1	1892	9. AGE		Months Day	AR IF UNDER 24 HRS s Hours Min
10	during most of working Retired F	ng life, even if retire	ed)	ind of Busines.	_	ept.Ma	1	reign country)		unit	of WHAT COUNTRY
13	. FATHER'S NAME	en McKe	30			14. MOTHER'S MA	aid h n name Summ				
	WAS DECEASED EVER		PRCES7 16 S	OCIAL SECURITY		FORMANT S.Harold			Addre rede	RU.	# 3
	1B CAUSE OF DEAT	H [Enter only one of the control of		e for (v), (b), and	(c).]			× * * * * * * * * * * * * * * * * * * *		LIN	TERVAL BETWEEN HISET AND DEATH
ı	Conditions, if any, which gave rise to immediate (b) Pulmonary emphysema, fibrosis and yrs.										
	cause (a), stating the <u>under-ly lying cause last.</u> Due to atelectasis (c)										
CEPTIFICATION	PART I OTHI					NOT RELATED TO TH dial Inf		disease cond	OITION GIVE	N IN PART 1(o	19. WAS ALTOPSY PERFORMED? YES NO
- 1		UNDERLYING DEATI CAUSE OF DEATI MEDICAL EXAMINER	20b. DESC	RIBE HOW INJUR	Y OCCURRED). (Enter nature of in	njury in Part I	or Part II of it	tem 18.)		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m	Month, Day, 1	While	JURY OCCURRED Not while at work		CE OF INJURY (Hor lary, street, affice bl		Of. (City or taw	n)	(Count	ty) (State
	21 I certify that	(al) attende								that (I) (we) last
	220 5 OFFICE	wy V.	Chi	-1.61.10		ATTENDING PHYS	MED DIRECT			an me do	226 DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	HENRY	V, C	111100		4 E		RCIO	87.	FRE) ARICK
23	BURIAL CREMATION REMOVAL (Specify) BULY 1 8.1		,1961	23c NAME OF C		s Luthe:		location (d versvi		7-1 7	(State)
2.	I, FUNERAL DIRECTOR'S	SIGNATURE /	FB	ADDRESS	Mvers		ATE DAY		25b REGIS	TRAR'S SIGNA	

Poge 4 may be reto and by spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remayal, and in any event, within the hours after death IVI NG PHYSICIAN: The law requires that the death certificate be executed within 24 hays

TO HOSPITA

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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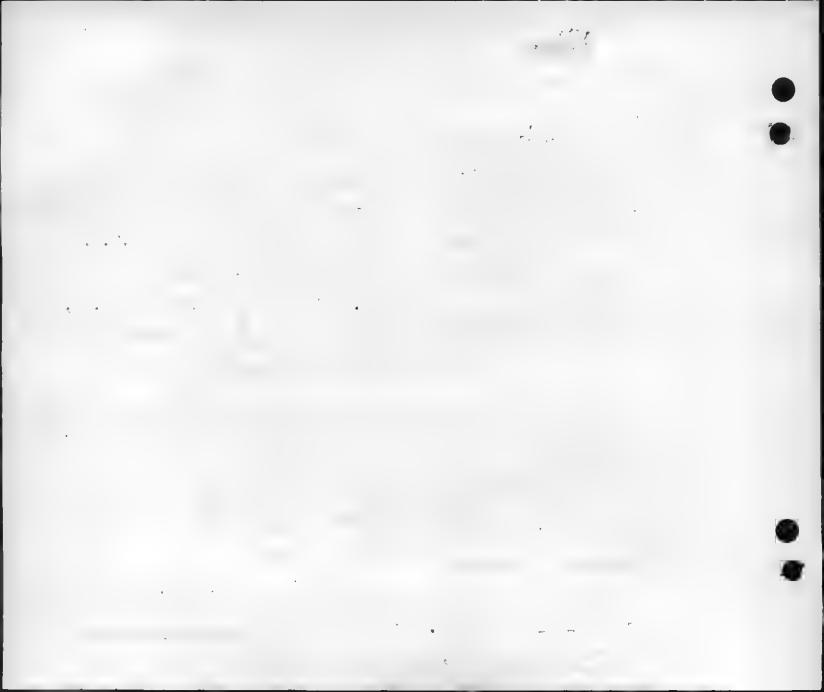
		1000	CERTIFICA	IE OF D	EAIH		0,440	<i>U</i>
		COUNTY Frederick	MARYLAND	a. STATE	DENCE (Where deceases	b. COUNTY	esidence before admission	n)
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			prote limits, write RURAL	ond give nearest town)	
		Prederick NAME OF HOSPITAL (If not in haspital, give street		Brings d. STREET A			e, IS RESID	EK.CE
7		OR INSTITUTION	spital	0.00	est "B"	1	ON A F.	ARM?
1	C	IAME OF JECEASED Lillan Vi	Middle	c Willi	4. DATE OF DEATH	Feb	Day Yes	or 61
	\$. \$	4576	RIED NEYER MARRIED	B. DATE OF BIRTH		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	NDER 1 YEAR IF UNDER	24 HRS Min.
		Female White widow		7-3-19		60 yrs.		
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		ACE (Stote or foreign on 15 y l vania		2.CITIZEN OF WHAT CO	UNTRY?
	13. 1	FATHER'S NAME	220000		MAIDEN NAME	1	0 8 15 4 11 8	
,		Charles Painte	r		Sadie Li	vingston		
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	IFORMANT		Address		
	, , , ,	No	Mr	s.Vivi	an Daughe	rty Bruns	wick, Md.	
		1B CAUSE OF DEATH [Enter only one couse per, h	ine for (a), (b), and (c)]		A		INTERVAL BETY ONSET AND D	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	engulized	Carci	nomitor	sin will	6 m	· ·
		DUE TO a	serter	,	/			
		Conditions, if ony, which agave rise to immediate	lenorare	reme "	of the	ovary	1 mg	ī
		DUE TO lying couse last. C				/	/	
	CATION	PART II OTHER SIGNIFICANT CONDIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN I	N PART 1(o) 19 WAS AL PERFORM	MED?
		20g. ACCIDENT WAS UNDERLYING A	SCRIBE HOW INJURY OCCURRED	D (Enter nature a	f injury in Port I or Por	t II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. 1 Haur a. m., p. m 19	Not while foo	ACE OF INJURY (I story, street, office		y or tawn)	(Caunty)	(State)
		21 I certify that (I) (this haspital) attend	ded the deceased fram.	Jan	1256 to_	Feb-17	196/, that (I) (w	e) last
		saw the deceased alive an Feb /	7 19.61 , and that a		at 11PM, from			
		220 SIGNASURE	0	ATTENDING	MED.	STAFF PHYS		DATE SIGNED
		22c PHYSICIAN'S NAME (Type)	Chase	22d. ADDRI		St Fred	arice N	11
	23a	BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCA	JON (City, town, or co	unty) (State)	C 42_
		REMOVAL (Specify) Burial 2-21-1961	Mount Olive			_	,,	
	24	FUNERAL O'RECTOR'S SIGNATURE	ADDRESS		25g. REC'D BY REGIS	TRAK T 258 REGISTRA	es year road	
1	1	All fall Bruns	wick, Marylan	ıd	DATE FEB 23	'61 and	un S. Krous	-

may be retained by the spital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health pr or to burial, cremation, ar remayal, and in ony event, within 72 hours ofter death.

4G PHYSICIAN: The law requires that the death certificote be executed within 24 haur

TO HOSPITAL VR A15 (4) 15M II/59



IS RESIDENCE

ON A FARM?

Year

1961

YES NOT

Frederick

certificale

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200. ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month. Day, Year Hour a.m. p. m. 21 I certify that (1) (this haspital) attended the deceased fram... saw the deceased alive on

22a 5 GNATURE

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Canditions, if any, which gave rise to immediate

cause (a), stating the underlying couse lost

> 20d INJURY OCCURRED While Nat while of work of work

Emmitsburg. Md.

20e. PLACE OF INJURY (Home, farm. 20f (City or town)

M.D.

M, from the causes and on the date stated above , and that death accurred a

22c PHYSICIAN'S 22d ADDRESS NAME (Type) Emmitsburg, Maryland Cadle 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION.

Feb.16.1961

Mt. Tabor ADDRESS

25o, REC'D BY REGISTRAR FEB 1 6 '61 DATE

DIRECTOR [

Rocky Ridge Frederick Co. No 256 REG STRAR'S SIGNATURE

PLACE OF DEATH

OR INSTITUTION

13. FATHER'S NAME

no

o. COUNTY

West Main Street NAME OF DECEASED (Type or print) 5 SEX Female White 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Housekeeper

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (or

RURAL and give nearest town)

Emmitsburg,

Frederick

d. NAME OF HOSPITAL (If not in haspital, give street address)

William F. Miller

WAS DECEASED EVER N. J. S. ARMED FORCES? 16 SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one couse per line or (a), (b), and (c)

DUE TO

DUE TO

b CITY OR TOWN (If outside corporate limits, write

Emma Jane 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO WIDOWED [

None

First

DIVORCED [7]

MARYLAND

c. LENGTH OF STAY IN 16

vears

Middle

July

B. DATE OF BIRTH

d. STREET ADDRESS

Lost

Miller

a. STATE

85 vrs

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

West Main Street

DEATH

b. COUNTY

Address

Month

Months

February

9. AGE (n years

12 CITIZEN OF WHAT COUNTRY? U. S.A.

Hours

IF UNDER 1 YEAR IF UNDER 24 HRS

Frederick Co. Md. 14 MOTHER'S MAIDEN NAME

Julia Heiner

17 INFORMANT Mrs. Sara Hoke, 314 W. Main St. Emmitsburg, Md.

Marvland

4 DATE

1875

Emmitsburg.

INTERVAL BETWEEN

YES NO I

WAS AUTOPSY

(Stote)

PERFORMED?

factory, street, office bldg, etc.)

ATTENDING PHYS

(County)

S GNED

22b DATE

23d LOCATION (City, town, or county)

STAFF PHYS.

Cirthun S. Firaux

Wilson

VR A1S (4)

15M 9/59



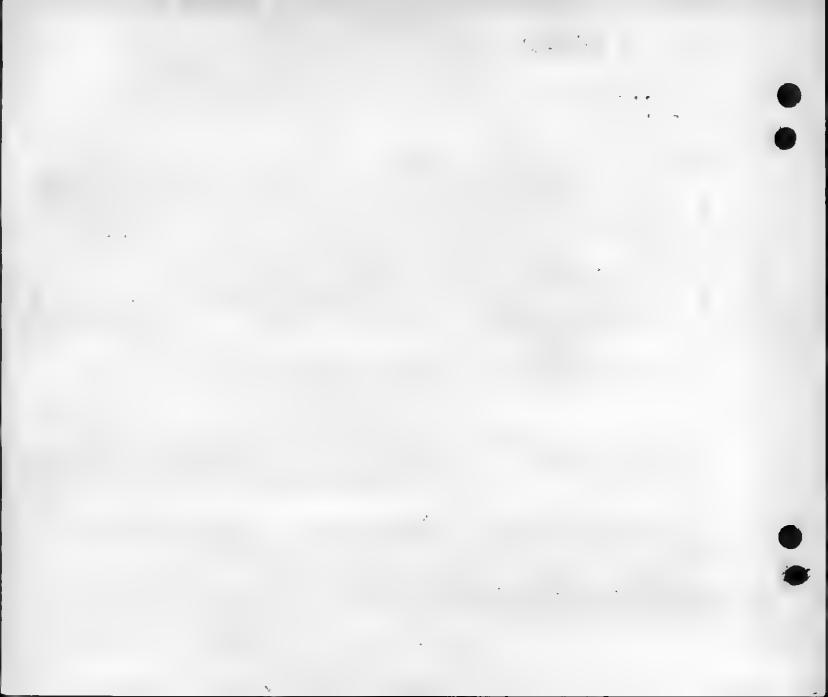
CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If, outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO 174 NAME OF Middle 4. DATE Lost Month Doy Yeor DECEASED DEATH (Type or print) 196 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE MARRIED THEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or foreign country) during man of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Puo 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Address Ell yes, drye wor 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔄 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg , etc.) Hour o. m. Not white of work of work Telan 334 192] , that I last saw the deceased 19 (a) to 21. I certify that I attended the deceased from... , and that death occurred at 430 pM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 70 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226 DATE THEREO 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Loune 0 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR V5 A15 [4] 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

è. P Puo completely on popers, death. prior 3 shauld registror 20



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1903 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY g. STATE MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown] 'ra leric' Month Frederick d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS Saints Street NAME OF First Middle Last 4. DATE DECEASED Ollie (Type or print) Eduard Taw Jor DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED TX NEVER MARRIED T 8. DATE OF BIRTH T ale WIDOWED T DIVORCED T Feb. 15-1001 10a. USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) the first branch that the Frederick. Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlie E. Nawlor Addie Louise Brooks 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Unknown Mollie Holland-1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) burial-transit permi gove rise to immediate **DUE TO** couse (o), stoting the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 17. WAS AUTOPSY removaí, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.} Havr a. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from Oct 15 1960 to ached and that death occurred at 425M, from the causes and on the date stated above. ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME (Type) Montin

22c. NAME OF CEMETERY OR CREMATORY

Fairviou

Frederick. Maryland

ADDRESS

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO TO Saints Street Month Year 10 07 Pebruary 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Traderick. All Saints St. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Z (County) (State) Otal - 19 that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED Market Street-Frederick. 22d. LOCATION (City, town, or county) (State) Frederick, I'd. 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Cothur & thous DATE FEB 2 0 '61

Reg. Dist. No. () 1 87

Brederick

5. COUNTY

10

20.4 100

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.68.50

	19114	CERTIFICA	IL OI DEATH		(/=00()
1. PLACE OF DEATH				nere deceased lived. If institution	Residence before admission)
o. COUNTY Freder	ick	MARYLAND	o. STATE Maryl	Land 6 COUNTY	Frederick
b. CITY OR TOWN (If outsid RURAL and give nearest to		c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RURA	(L and give nearest town)
Frederick		Years	Fre	ederick	
d. NAME OF HOSPITAL (IF P	not in haspital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
607 Rosemont	Avenue		607 Rosen	mont Avenue	YES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day 1501
(Type or print)	ROBERT	FULTON	NICODEMUS,		-y
/	D	RIED A NEVER MARRIED	8 DATE OF BIRTH	last birthday) M	UNDER I YEAR IF UNDER 24 HE onths Days Hours Min
	hite widow		April 20, 19		To Civital as well as a second
10a. USUAL OCCUPATION (Given during most of working life	e, even if retired)		4.5		12. CITIZEN OF WHAT COUNTR
President 13. FATHER'S NAME	10	ce Cream Compai	D. I.		USA
			14. MOTHER'S MAIDEN N	_	
A. W. Na	codemus, Jr		Annae NFORMANT	e Thomas	
(Yes, no, or unknown) (If yes, g	ive war or dates of service				Th #0
No			rs. Elizabeth	K. Nicodemus-Sa	
18 CAUSE OF DEATH (E	nter only one cause per li	ne for (o), (b), and (c).	Doctor	_	INTERVAL BETWEEN
IMME	DIATE CAUSE (o)	angena	O SECOLO		Trunca
	DUE TO	tin solo	retio Car	mary art. de	18200
Conditions, if any, what gave rise to immedi		cours - coo		7007. 66	10 mas
lying couse last.	det.				
	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL D SEASE CONDIT ON GIVEN	IN PART 1(a) 19. WAS AUTOPS
PART 1], OTHER SIG	language	a Emples	alred - Cle	roice.	PERFORMED?
	ERLYING 206. DES	CRIBE HOW INVIRY OCCUPRE	D (Enter noture of injury in (Port 1 or Part II of item 18.)	
OR CONTRIBUTING CA	USE OF DEATH TAL EXAMINER)	, , ,			
20c. TIME OF INJURY Mo		£.	ACE OF INJURY (Home, form		(County) (Sto
Hour o.m.	19 While	1401 W(III0	ctory, street, office bldg., etc.	" , /	
	this hospital) attend	ded the deceased from.	1949 10	102/25/6	/19, that (I) (we) lo
saw the deceased a		7 / 1		LEP from the causes and	
230 SIGNATURE	-1 (V. A	Tar vollo mon	Jedin decorred dagg	TOTAL THE COURSES ONLY	226 DATE
Charles	14 Coull	m.	M.D PHYS DI	ED STAFF IRECTOR PHYS	2/28/1961 ^{GN}
22c PHYS CIAN S NAME (Type)		V ()	22d ADDRESS		
Cha	rles H. Conl	Ley, Jr., M.D.	Profesion	mal Building, F	rederick, Md.
mentantal (Const.)	b. DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town, or c	county) (State)
Burial (Specify) F	eb.28,1961	Mount Olive	c Cemetery	Frederick,	Maryland
24 FUNERAL DIRECTOR'S SIGN		ADDRESS	. 1	444	AR'S SIGNATURE
M.R. Etchison	a Son, Free	derick, Maryla	nd DATE 11	VR 1 '61 with	un S. Kraus

Page 4 director, filed with TO HOSPITAL

AT NING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often may be retoned by the captures. By sapital ar attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial, are remayal, and in any event, within 72 haurs after death. NNG PHYSICIAN: The law requires that the death certificate be executed within 24 haur

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

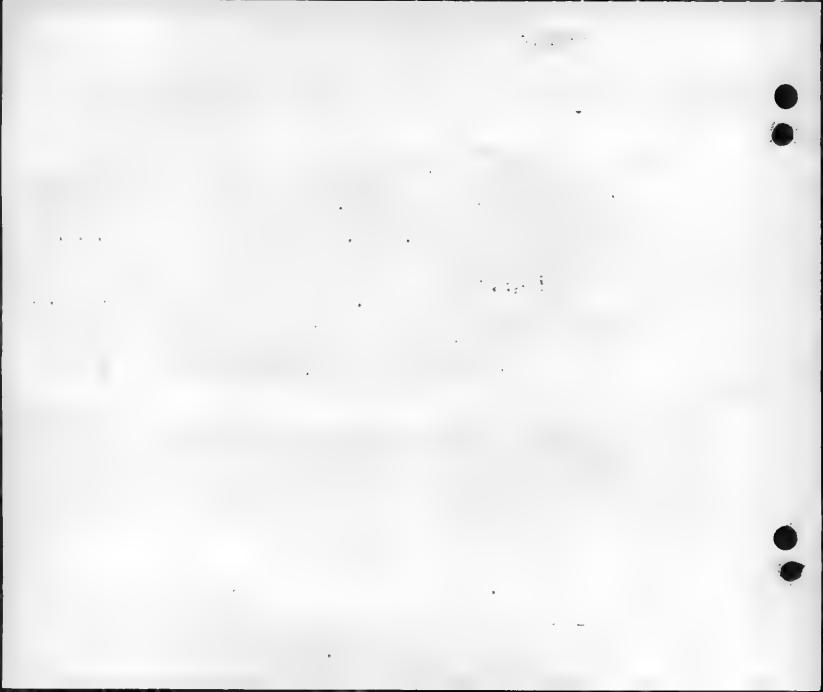
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	COUNTY	Frederic	· le	MARYLAND	2. USUAL RES	2.0	e deceased lived	If institution b. COUNTY		fare admiss on) erick	
b.	CITY OR TOWN (IF RURAL and give ne Thurmo	outside corporate limit	ts, write c. LEN	GTH OF STAY IN 16	c CITY OF		side corporate li	mits, write RU			
d.		Home			d. STREET	ADDRESS				e IS RESIDENC ON A FARM YES NO.	45
DE	ME OF CEASED pe or print)	James	Edward	Middle Nunema	4	ast	4 DATE OF DEATH		ar v 20	12	6]
S. SE)	ma le	white	7 MARRIED WIDOWED	NEVER MARRIED []	B. DATE OF BIR	21, 181	. Inc	E (In years burthdoy) yrs.	Months Days	AR IF UNDER 24 H	
d	USUAL OCCUPATION CONTROL OCCUPAT	N (Give kind of work o	dane 10b KIND O	Cat. F		Maryla	-			S.A.	TRY?
	THER'S NAME				14. MOTHER	S MAIDEN NA					
	John J	acob Nur	nemaker			Sara	ah Ann	Jami			
		RINUS, ARMED FOR			rs. Her	bert	Sweene;	Addre Tr		t, Md.	RI
	Conditions, if or gave rise to in cause (o), stoting lying couse last. PART II. OTH	nmediate (DUS TO)	EUTING TO DEATH B	UT NOT RELATED	TO THE TERMIN	elizest	NDITION GIVI	EN IN PART I(o	19 WAS AJTO PERFORMED YES NO	18
	00 ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	SUNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature	of injury in Pa	ort for Port II af	item 18.)		TES LI NO	LJEP*
MEDICAL	Oc TIME OF INJUR Haur & m p m	Y Manth, Day, Yea	While No	of white work	PLACE OF INJURY factory, street, off			wn)	(Coun	(\$	itate)
I I	I certify tha	t (1) (this haspital	15	1 .	death ober	PF	M, from the	causes and		that (I) (we) ite stated abo	
2	20 S GNATURE	mark E	ray.		M.D. PHYS	∐e D≀R		AFF IYS		22b DAT SIG	TE
2	NAME (Type)	James	K. Gr	ay	22d ADI		ont, Ma	arylaı	nd		
230 Bt	BURIAL CREMAT OREMOVAL (Specify)	2-23-61		WAME OF CEMETERY Wistown	-		LOCATION LOW	istow	n Ma	ryland	
34. FL	INERAL DIRECTOR	5 400	A	DORESS	+ Ma		BY REGISTRAR		TRAR'S SIGNA		
71	of rade on	15 Th. 1. 1. 1.	in any	Thurmor	Pice .	DATFEB	23'61	C:-(!	ban S. Kia	LLAB.	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fined with page 3 should be detached for use as the burial-transit permit. Then please remay corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event with in 2 hours after death. ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RALTIMORE 1. MAR

BALTIMORE 1, MARYLAND

DIAIDIOIA OI	SIMISHERE RESEMPON MICH	VD3 - DVFIII
1906	CERTIFICATE O	DEATH

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			D	GEITTI	TO ATT	. 01 01						10(1/
PLACE OF D	EATH				2	USUAL RESIDE	NCE (Wh	ere decease			sidence befo	re admiss	sian)
a. COUNIT	Fred	erick		MAR	YLAND	a. STATE Ma:	ryla	nd	b. COU	INIY FI	rederi	ck	
		utside carporate lim	its, write	G. LENGTH OF STAT	Y IN 1b	c. CITY OR TO	WN (If a	utside carpo	rate limits, wi	ite RURAL	ond give ne	arest town	n)
	deric			Life		M Fr	eder	ick					
d. NAME OF	HOSPITAL	(If not in haspital,	give street			d. STREET ADD					Ĭ	e. IS RES	SIDENCE A FARM?
or instit		Memorial	Hosp	oital		22	5 We	st Fi	fth Sti	reet			NOX
3 NAME OF DECEASED		Fi	rst	Middl	ŧ	Lost		4. DATE OF		Month	Do	зу	Year
(Type or prin	ŋ	BENJAI	NIN	FRANKLI	N	PHEBUS		DEATH	H	ebrua	ry 1	6,	19 61
S. SEX	6	COLOR OR RACE	7. MAR	RIED I NEVER MARR	IED B.	DATE OF BIRTH			9 AGE (In y	ears IF LN	IDER TYEAR	+	-
Male		White	WIDOW	ED DIVORC	ED 🔲 💈	2 Nov 1	886		74	yrs Man	ths Days	Hours	Min.
100 USUAL OC	CUPATION	(Give kind of wark	dane 10b	KIND OF BUSINESS	OR INDUSTR	Y 11, BIRTHPLAC	E (State	ar fareign c	auntry)	12	CITIZENO	FWHAT	COUNTR
Retired	negi.	onal Ward	n In	land Game	& Fish	Fred	eric	k, Md.			USA		
13. FATHER'S N				mmission		14 MOTHER'S M	AIDEN N	IAME					
George	Phel	hile				Elizab	ath 1	Ki cher					
		N U S. ARMED FOI	CES? 116.	SOCIAL SECURITY N	O. 17 INFO		CUR .	r. Tolici	,	Address			
Yes, no, or unknow		yes, give war or dates of	service)	12-38-8655		Daisy :	V 101	habita	(Come		+ 4	2)	
	-					narsy.	I e F	nebus	(Dame	: 48 1	tem #	ERVAL BE	ETIMATERI
		I Lenter only one of I WAS CAUSED BY.	ouse per	ine for (a), (b), and (c	1]	A	_	00.	Ω	}		SET AND	
1 0	C I	MMEDIATE CAUSE (a)	orciv	200	a of		ou	rdrol	er		5 9	rom.
8 77	1 %	DUE TO		0	ŧ	8	4	-	//			0	
	ns, if any			enerolise	e ca	roman	celo	و سوده	+ (l	ren	mo-		
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lying cau	-) (i	11	releva	10	ser	المرا	100	~				
PAR	T II OTHE	SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO D	EATH BUT N	RELATED TO T	HE TERM!	NAL DISEAS	E CONDITION	N GIVEN IN	PART 1(a)	19. WAS	AUTOPS'
NO ACC PAR	2200	money	~ U	x 60,00	Ral	e						YES	ORMED?
20g. ACC [ENT WAS	UNDERLYING []	20b. DES	CRIE HOW INJURY	OCCURRED.	Enter nature of i	njury in I	Part I or Par	t II of item 16	3.)			
OR CONTR	IBUTING E	CAUSE OF DEATH	· '				. ,						
		Manth, Day, Ye		INJURY OCCURRED	120e PLAC	OF INJURY (Ho	me form	20f (Cib	or town)		(County)		(Stat
	a m,		While	Not while	facto	y, street, affice b	ldg., etc	1	, at tarring		(@00111)		fordi
	p. m.	19	at wa						100	- /			
21. I cert	ify that	(I) (Mischaepit e) atten	ded the deceased	from: 2	alla		60.ta.		el :	19_6/, 11	hat (I) i	() la
		d alive an	FX	6- 1961, an	d that dec	th occurred	8,10	M, fram	the cause	s and ar	the date	e stated	d above
220 535	TURE	700		1								22	26 DATE
-//	صومهي	u Di	1	ouch	M.	ATTENDING	OK MI	ED RECTOR [STAFF PHYS.		17 F	eb 19	961 N
27c PHYS						22d ADDRESS	5						
NAME	(Type)	Rebert D.	Crou	ch, M. D.		806 T	11 II	House	Ave.,	Frade	rick.	.Md.	T
23a BJRIAL, C	PEMAT ON			23c NAME OF CE	METERY OF				TION (City, It			(Sto	tel.
BHYYA	(Specify)	2-20-61	0,			Cemeter	T.		erick.			(310	iej
				-	TTACO						'S SIGNATE	101	
M. R	Etcl	ison & Se	on. F	rederick.	Maryla	nd	FE	B 2 0 '6	1 256		8. Tra		
			- 2 -			- P	ATE . POL				4.		

TO HOSPITAL ATT PING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer dark, Page 44 may be retained by cospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic on and campletely filled in by ... e funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM II/59



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VS A15 (4) 15M 9/55

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death certificate

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01884 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND (Iffourtside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE ON A FARM? YES TO NO 3. NAME OF 4. DATE Month Middle First DECEASED (Type or print) DEATH IF UNIOL R LYEAR 7. MARRIED Months Days WIDOWED [DIVORCED Do. USUAL OCCUPATION (Give kind of work done TOb KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY? Farming un Labor PM3. pages form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO 17. INFORMANI (If yes, give war or dates of service) Mrs. Henderson--same 2d None IB. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Office Conditions, if ony, which gove rise to immediate come DUE TO (o), stoting the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO S 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described obove, held an Autopsy . Inspection . Inquiry . and 'n my opinion death resulted from: Notural causes 🔀 Accident 🔲, Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER K NAME (Type) FUNE 220 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Potomac Potomac, Maryland Burial

Bethesda, Maryland

246 REC'D BY REGISTRAR

DATE FOR 9

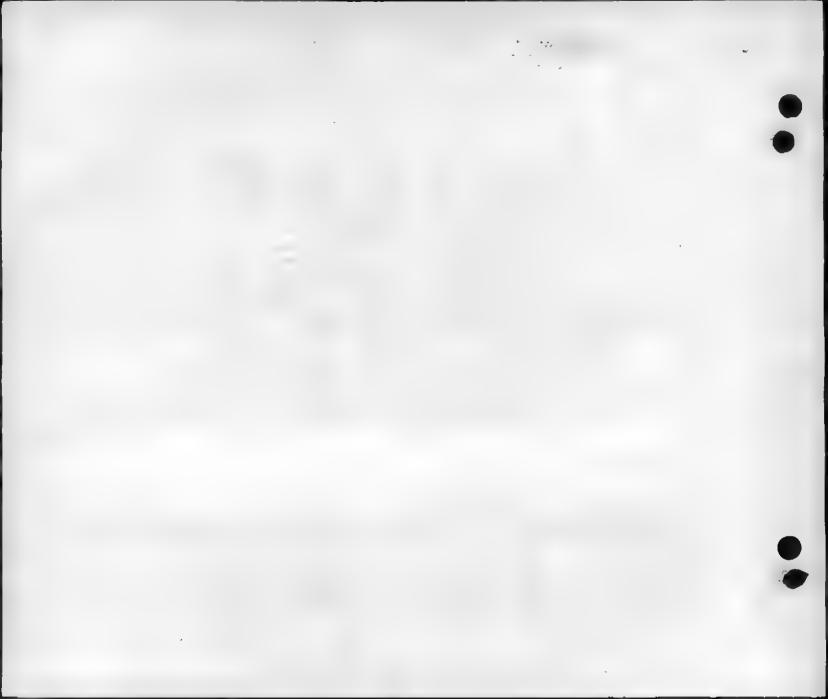
246 REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrev

VS A15ME

5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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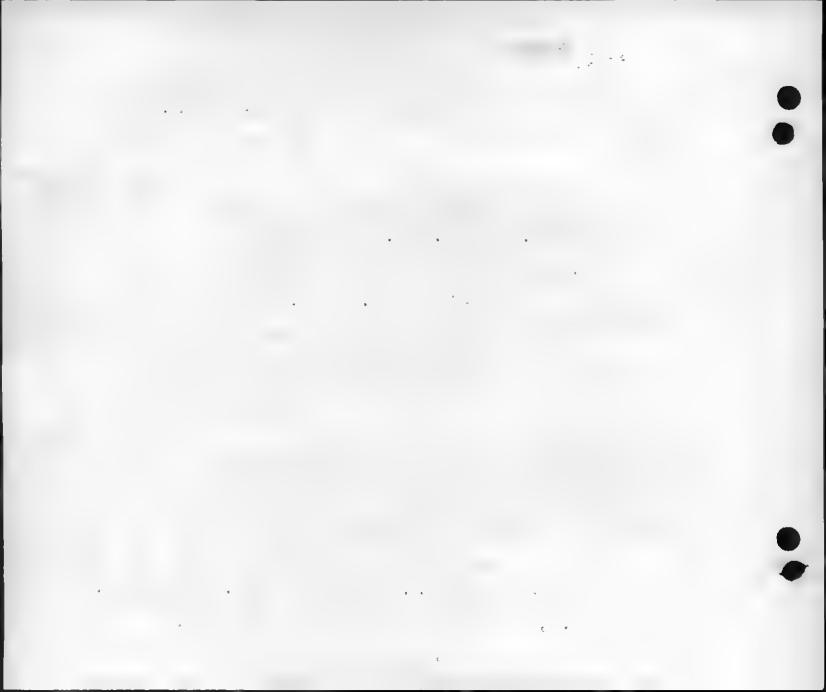
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		100	fb		EKIIFI	CAII	OF DEA	IIH				()	777	50
1 P	LACE OF DEATH	1 414	7	_		2	USUAL RESIDEN	CE (Wh	ere deceased			idence befo	are odmis	sion)
٥	COUNTY	ederick			MARYLA	AND	a. STATE Ma:	rvl	and	b. COUNTY	F	reder	ick	
ŀ	CITY OR TOWN (IF o	utside corporate lim	ts, write	c. LENGTH	OF STAY IN	11ь	c. CITY OR TOW	N (IF o	outside corpo	rate limits, write R	URAL	and give ne	arest fow	n)
	Frederick			20 Mi	inutes		X Fre	der	ick-Ru	ral_R.F.	D.#	6		
c	I. NAME OF HOSPITAL	(If not in haspital, g	ive street	address)			d. STREET ADDR	ESS	_					SIDENCE A FARM?
	Frederick	Memorial	Hosp	ital		_	/ Qu	ynn	Road					NOX
3. F	NAME OF DECEASED	Fi	'sl		Middle		Last		4. DATE	Mor	nth	D	ay	Year
	Type or print)	DOI	VALD		FITE	Z	RAMSBU	RG	DEATH	Febr		y	5,	19 61
5 5	EX é	. COLOR OR RACE	7 MAR	RIED K NEV	ER MARRIED		DATE OF BIRTH			9 AGE (In years lost birthday)	#F UN Mont	hs Days	R IF UND	ER 24 HRS
	Male	White	WIDOW	/ED 🔲	DIVORCED		December	10,	1917	43 yn.	A LOUR	iis buys	ridors	891115
10a	USUAL OCCUPATION during most of working	(Give kind of work	dane 10b	. KIND OF B	USINESS OR	INDUSTR				ountry)	12	CITIZENO		COUNTRY
	Electr:	ical Supt		Elect	t. Cont				land				USA	
13.	FATHER'S NAME						14 MOTHER'S MA							
		y H. Ramsl						ula	Fitez					
	WAS DECEASED EVER I	N. U. S. ARMED FOR	HELAHOR)	. SOCIAL SEC		17 INFO		_		Add		TTP: 4	110	
		WW2	2	215-18-	1911	Mrs	Doris L	• R	amsbur	rg, Same	as	ltem	#2	<u>-</u>
	18. CAUSE OF DEATH		iuse per l	ine for (o), (i	b), and (c).]			4.36		1			TERVAL BI	
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (c)	[J	neuw	0.00	reced ,	$ Y _{\dashv}$	HILL	Fis		1	2 4	فسنادا
	541.3	DUE TO)	Ť					, 1	. 1			,	
	Conditions, if any)(0	tife	J	medi	en	(ve	w7)			3 de	cup
	gave rise to imm cause (a), stating the		>						' /					g
	lying couse lost.) (1	:)											
CATION	PART I OTHER	R SIGNIFICANT CON	DITIONS	CONTRIBUTI	NG TO DEAT	H BUT NO	OT RELATED TO TH	ETERM	inal diseas	E CONDITION GI	/EN IN	PART 1(a)	PERFO	AUTOPSY ORMED?
	20g ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DE	SCRIBE HOW	INJURY OC	CURRED.	(Enter nature of in	ury in	Part I or Par	t II of item 18)				
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye		INJURY OCC		0e PLACI	E OF INJURY (Ham ry, street, affice blo	e, farn	20f. (City	or town)		(Caunty)	(State
MEC	p. m.	19	While of wo	e Notwo										
	21. I certify that	(I) (this haspita	l) atten	ded the d	leceased fi	ram	2-13	_, 19	GU ta_	2.15	, }	967, 1	hat (I)	(we) las
	saw the deceased						ath accurred a	A 1	7					
	22a. SIGNATURE	2.0	^		2 2									
		16 clow	-lu	العدب أ	mi)	M.I	ATTENDING K	M Id	ED IRECTOR [STAFF PHYS		2/	6/19	26. DATE 61 GNEI
	22c PHYS CIARS NAME (Type)						22d ADDRESS							
	, , , , ,	Louis R.	Sch	oolman	, M.D.		Poll H	ous	e Ave	, Freder	ick	Mid		
230	BLR AL, CREMATION,				AE OF CEMET				23d LOCA	TION (City, town,	or cour		(Sta	
E	REMOVAL (Specify)	Feb. 8,1	961	Mou	nt Oli	vet (Cemetery		Free	derick,		Ma	ıryla	nd
	FUNERAL DIRECTOR'S			ADDR					D BY REGIS			S SIGNATE		
N	I. R. Etchi	son & Son	. Fre	ederic:	k, Mar	yland	d DA	TE F	EB 9 '	61 U	reller	1 8. Th	N/A	

TO HOSPITAL AT "DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs free ... Page 4 may be retained to spital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor, page 3 shauld be detached for uses the burial-transit permit. Then please remove carbon pagers Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

W.



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland b. COUNTY Frederick
ME	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont R.F.D. I
Board	D. IS RESIDENCE ON A FARM? YES NO
reformer Store	3. NAME OF DECEASED (Type or print) Earl Carlton Ramsburg Death Fubyrary 16 19 61
moy be may be with 11 surs after	S. SEX Male 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED JULY 19, 1919 9. AGE (in years lef UNDER 17 AR IF UNDER 24 HR' Months Days Hours Min.
death 2, and 2, and and 2 and 2	10a. USUAL OCCUPATION (Give kind of work done done done done done done done done
PM3. T. godes 1.	Tarmer 13. FATHER'S NAME Charles Ramsburg Cora May Staub
Give P Give P File F	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Army 21/1-1/1-6992 Ars Pauline L. Ramsburg, Thurmont R.F.D.T
e executed within net 18. Office along wit ol-transit permit emoval, and in a	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conomary Thrombosis DUE TO Conditions, if any, which) (b)
shauld b ig" in pe aminer's as a buri	gove rise to immediate couse (a), stating the underlying couse last. (c) Couse last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
pendir pendir cal Ex used remai	PERFORMED? YES NO X
Media Serrical	206. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Part II of item 18.] PRIMARY OF DEATH.
NER: The angle of the state of the broad should be the broad shoul	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Hour a. m. 4 White Not white at work at work at work 4 at
EXAMI	21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
orwo	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
d be	EXAMINER'S B.O. Thomas, M.D. ASSISTANT MEDICAL EXAMINER TO Feburary 16, 1961 DEPUTY MEDICAL EXAMINER TO FEBURARY 16, 1961
xecute should FUNE	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
P O O	Burial Feb.19, '61 Utica Lutheran Cemetery Thurmont R.F.D. Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
\$M 2 '57	it sheet Chailer Frederick, Maryland DATE LD 20 01 Over & Knows



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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		1911		CERTIFICA	TE OF DEATH			U+00	2 4
	PLACE OF DEATH a COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (WHO STATE	here deceased lived. If i b. CC	AND A	e before adm	eission)
	B CITY OR TOWN (If outside corporate limits, we compared to the corporate limits, we consider the corporate limits and corporate limits.	ite c LENGT	yrs.	c. CITY OR TOWN (IF a		write RURAL and g	ive nearest fa	iwn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give st	reet address)		d. STREET ADDRESS			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	George	W.	Ramsbu	rg	4. DATE OF DEATH FOD.			Year 19
>	Male	White Will	MARRIED N		Aug 8 . 1975	9 AGE (In last birth	yeors IF UNDER Months yrs	Days House	
0	THE BAIRT	ON (Give kind of work done king life even if retired)	Own 1		Lewistow	or foreign country) n • Fredk • C		ZEN OF WHA	TCOUNTRY
3.	Daniel	Ramsbur	'g		Savilla	NAME Baughe			
IS ,Y	WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (if yes, give wor or doles of service)	_		nformant nn M.Ramabu	rg Thurm	Address ont.	MD	
ATION	Canditions, if a gove rise to it cause (o), stoling lying couse lost. Part II. OT	the under (c) (c)	DNS CONTRIBU	ized Or	lerio-s cleroze	INAL D SEASE CONDITION	DN GIVEN IN PAR	PER	S AJTOPS
L CERTIFICATION	L .	AS UNDERLYING 206 G CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOV	W INJURY OCCURR	ED (Enter nature of injury in	Part I or Part II of ilem	18)		
MEDICAL	20c TIME OF INJUI Hour o.m. p. m.		0d. INJURY OC /hile Nat t wark 📋 ot w	while fr	EACE OF INJURY (Home, form actory, street, office bldg., etc.		(0	Lounty)	(State
	21. I certify the saw the decea	at (1) (this haspital) at used alive an Tellin			death accurred at 30	M. From the caus	es and an the) (we) la ed abave 22b DATE
	22c PHYSICAN'S	west Br	ay		M.D. ATTENDING MAPHYS. DI	ED. STAFF			SIGNE
23	NAMP (Type)	ON, 23b. DATE THEREOF		ME OF CEMETERY	77.	MD 23d. LOCATION (City,		(\$	itote)
24	Autheral Director			ca Com	ront DATE	D BY REGISTRAR 2SE FEB 7 '61	REGISTRAR'S SIG	SNATURE S. Kraua	

TO HOSPITAL AT THE LINE FINAL FINAL FINAL FOR requires that the death certificate be executed within 2s havingle remay be reported.

TO FUNERAL DIRECTION for this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban pagers. Pages 1 and 2 should be filled with the Stole Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



DATE

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pup

physician

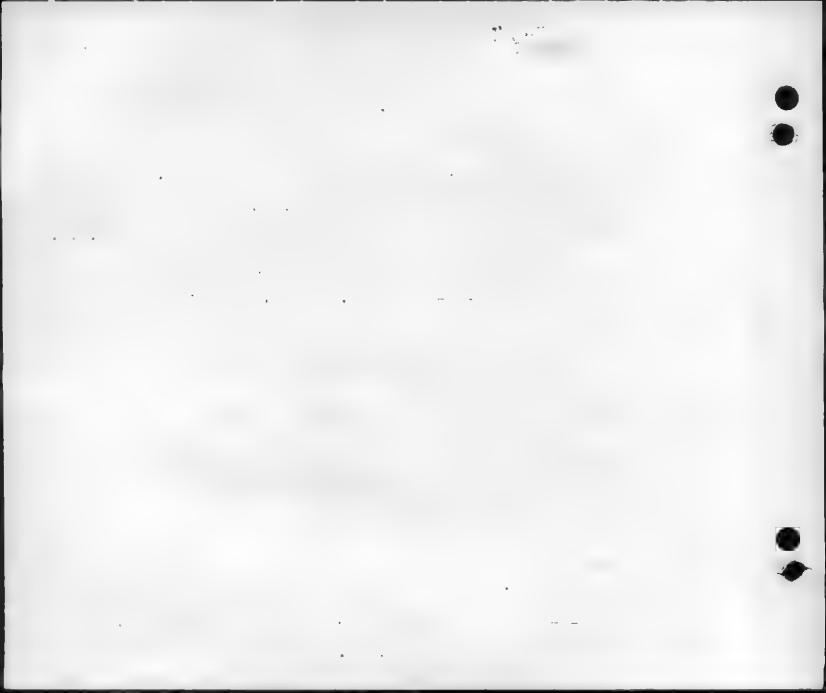
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15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISI	ON OF	STATISTICAL RESEARCH	AND RECORDS BALT	IMORE 1, A	MARYLAND			
	191	3	CERTIFICA	TE OF DEATH				018	40
1. PLACE OF DEATH o. COUNTY Free	derick		MARYLAND	2. USUAL RESIDENCE (W		l lived. If institution b. COUNTY	reder	ick	mission)
b CITY OR TOWN (If outsing RURAL and give nearest liddle town	town)	s, write	life	CITY OR TOWN (IF	outside corpoi etown		RAL and give	nearest t	iown)
d NAME OF HOSPITAL (IF OR INSTITUTION	nat in hospital, g	ive street	address)	d. STREET ADDRESS East Main	Stre	et		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fire Wal	ter	Middle L. R	emsberg	4. DATE OF DEATH	Month 2		22	19 6
	olor or RACE	7 MARR	HED A NEVER MARRIED DIVORCED DIVORCED	8. date of birth 5/9/1879		1 2 4 1 1 1	Manths Do		
100 USUAL OCCUPATION (G during most of working lit insurance a	e, even if retired)		KIND OF BUSINESS OR INDU	Marylan	nd	ountry)		U.S.	AT COUNTR
George				Susan S				_	
1S. WAS DECEASED EVER IN L (Yes. no. or unknown) (If yes.	J. S. ARMED FOR- give wor or dates of se		17-32-5002 IT	nformant s. Naomi Re	emsp i	e, Midd		n, l	id.
Conditions, if ony, we gave rise to immediate to immediate (a), stating the willying cause last.	AS CAUSED BY: EDIATE CAUSE (o DUE TO thich digte DUE TO (c)	1	terioscleso Denualzi Diche	Les Melle	ters	protección de la como	uy .	ONSET A	L BETWEEN
PART II. OTHER SI	GNIMEANT CON	SHORE C	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MAL DISEASI	CONDITION GIVE	N IN PART 1	a) IV W.	REORMED?

200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while at work p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(State) (County)

YES NO

22, 196/, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram... 1961, and that death accurred at 11.5 M, from the causes and an the date stated above saw the deceased ative an 22a S GNATURE 225 DATE SIGNED ATTENDING PHYS

M D

22c PHYSICIAN'S NAME (Type) Elmer

MED DIRECTOR [STAFF 22d. ADDRESS

Hiddletown

(Stote)

DATE THEREOF BURIAL, CREMATION 23h REMOVAL (Specify) 96

23c NAME OF CEMETERY OR CREMATORY Reformed

23d LOCATION (City, town, or county)

etown 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE Company,

ADDRESS Middletown, Md. 25g. REC'D BY REGISTRAR DATEEB 2 7 '61

Orthur S. Krous

completely filled papers. Pages 1 event, within 72 hours after death. mitficate ham been signed by the attending physician on as the burial-transit permit. Then please remave carbon Then please remave and in any may be rehard. After this cartificate has been signed by page 3 should be detached for use as the burial-transit permit. The State Board of Health prior to burial, cremation, ar remayal,

MEDICAL

DING PHYSICIAN: The law requires that the death certificate be executed within 24

I director, filed with

TO HOSPITA VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

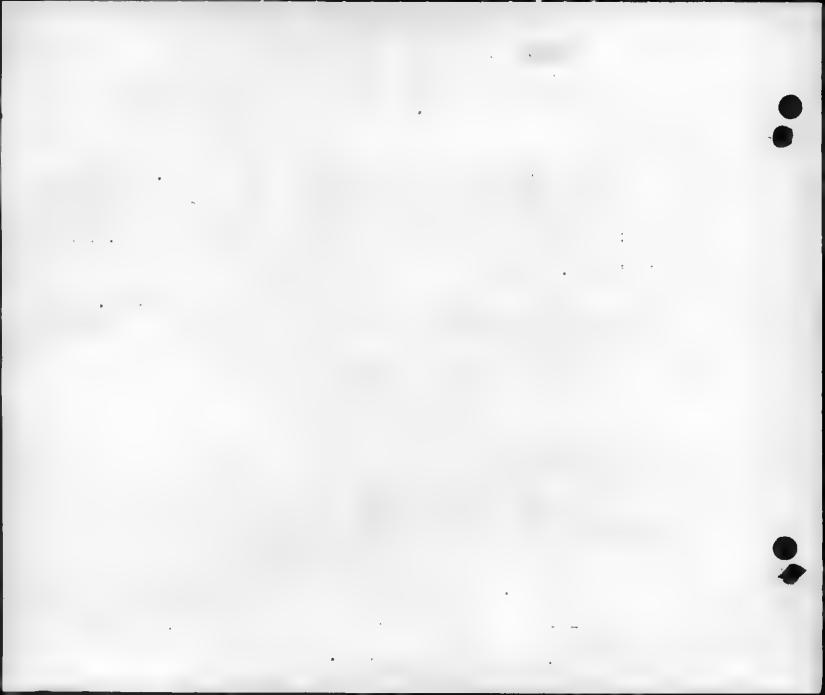
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

N OF STATISTICAL RESEARCH AND RECORDS — BALTIMO

CERTIFICATE OF DEATH

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17	ä.	ij.	ı.	£

1		CERTIFICAT	E OI DEAIII		11 TO O TE				
4	1. PLACE OF DEATH a. COUNTY	44.29	o. STATE	deceased lived. If institution:					
and the same	Frederick	MARYLAND	Mary	Land	Frederick				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	V.0	ide corporate limits, write RUR/	AL and give nearest town)				
	Thurmont	5 yrs.	Thu	rmont					
3. 1	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	Own Home		/ Water S	treet	YES NO				
9	3. NAME OF First (Type or print) Mary	Jane Riffl		DATE Month OF DEATH FOD.	1 19 61				
	S SEX , 6. COLOR OR RACE 7. MARE		DATE OF BIRTH	9 AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS				
	Female White WIDOW			1877 lost pirthdoy) M	Anths Days Hours Min				
	10a USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stole or	fareign country)	12 CITIZEN OF WHAT COUNTRY?				
	fiousewife (Own Home	Maryl	and	U.S.A.				
~	13. FATHER'S NAME		14, MOTHER'S MAIDEN NAM	WE					
T)	William T. Eyler		Margaret	Eyler					
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, INF	ORMANT	Address					
	(Yes, no or unknown) (If yes, give way or dates of service	None Ge	orge Riffle	Thurmont	, Md.				
	18 CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c)]	1-		INTERVAL BETWEEN				
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	2. To breaking	Loxenna		ONSET AND DEATH				
	DUE TO	1	0.1.4						
	Conditions if any, which	5 Wear							
	gove rise to immediate	por orace account	sunce ju	p Nows	0 7 2 7 2				
	cause (o), stating the under-		· ·						
	101	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMINA	U DISSASE CONDITION CIVEN	IN PART ICAL 19 WAS ALITOPSY				
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO THE PERFORMING TO T								
0	PART II. THER SIGNIFICANT CONDUTIONS. 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Par	t for Port II af item 18)					
	3 20c TME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)				
	20c T ME OF INJURY Month, Day, Year 20d. II Hour a m. While all war	Not while fock	ory, street, office bldg., etc.)						
			10. 00	1 41.1	- L. L				
	21 I certify that (I) (this hospital) aftend			1.10 Jul 1-	., 19_6_/ that (I) (we) lost				
	sow the deceased alive on TONCI	_ 19.02.1. and that de	ath occurred out p.M	i, from the couses and	on the date stated above				
e	220 SIGNATURE		ATTENDING MED.	STAFF _	22b, DATE SIGNED				
1	22c PHYSICIANS	may M	.D. PHYS. DIREC	CTOR PHYS.					
-	NAME (Turk)	Gray		nt, Maryland	3				
	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23	3d LOCATION (City, town, or o	county) (State)				
	Buffalispec fy) 2-4-61	Blue Ridge	Cemetery	Thurmont, A	Maryland				
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE				
d 3	Thurmond & breaged	Thurmont,	Md. DATE FEB	17 '61 Carl	lug S. Henra				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		101	CERTIFICA	TE OF DEA	ATH			()-2	00.	j
	PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2 USUAL RESIDENCE OF STATE Ma	ce (Where decease ryland	d lived. If instituti b. COUNTY	Fre C	ce before	odm ssi	on)
V	RLRAL and give n					orote limits, write R	URAL ond	give nead	est fown)
Frederick d NAME OF HOSPITAL (If not in hospital, give street of or institution Memorial H				Frederick d street Address 28 Lincoln Apartments				e IS RESIDENCE ON A FARM YES NO		FARM?
3	NAME OF DECEASED (Type or print)	Carrie	Emma Emma	Rose	4. DATE OF DEATH	ı 2 ^{Mor}	th	28	2	961
5.	Female	/ / / / / / / / / / / / / / / / / / /	RRIED NEVER MARRIED D	B DATE OF BIRTH	902	9. AGE (In years last birthday) yrs	IF UNDER Manths	Days	Hours	R 24 HRS Min
100	during most of work Housev	king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Maryle		country)		ZENOF		OUNTRY?
13.	FATHER'S NAME	Will Woodan	rd	14. MOTHER'S MAI	IDEN NAME Mary	Hill				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)		res_Evelv	n Burne	tt.Fred		e. Mé	3	
	18. CAUSE OF DEA	ATH [Enter only one couse per ATH WAS CAUSED BY IMMEDIATE CAUSE (o)		anta				INTE	RVAL BET	TWEEN DEATH
	Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (DUE TO	irterioxelero	tie ance	orym of	aorta			Gr	<i>S</i>
CATION	PART II OTI	HER SIGNIFICANT CONDITION MC SELL-FLIC	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	E TERMINAL D SEA	SE CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY RMED?
CERTIFI	200 ACC DENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of inj	jury in Part I or Pa	rt to of item 18.)				
MEDICA	20c. TIME OF INJUR Haur a. m. p. m.	Whi	6-	ACE OF INJURY (Hom actory, street, affice bld		y or town)	((County)		(State)
	saw the decea	ot (1) (this haspital) after sed alive on 2 - 2 7	nded the deceased fram		1954, la.				stated	abave.
	220 SIGNATURE,	7-16 37, a. L.	, h	M.D. ATTENDING	MED DIRECTOR [STAFF PHYS			22	DATE
	22c. PHYSIC AN'S 'NAME (Type)	Rex R/11	natin	22d. ADDRESS	5 10 /01	rake.	1 - "k1	<u> </u>	cK	146
23	BURIAL, CREMATIC REMOVAL Specify	1-4-1961	23c. NAME OF CEMETERY C	OR CREMATORY	200	MION (City, town,	or county)	T	(Stote	e)
24	FUNERAL DIRECTOR		ADDRESS	4.	a REC'D BY REGIS	TRAR 256 REGI	STRAR'S ST	GNATUI	elid	
1	V. A11 7	olla Bruns	swick, Marylan	DA DA	ATE MAR 2	'61 C	lithur d	1. The	HA	

TO HOSPITAL OR A "NDING PHYSICIAN: The law requires that the death certificate be executed within 24 has pitel at haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or remavol, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

th Page 4

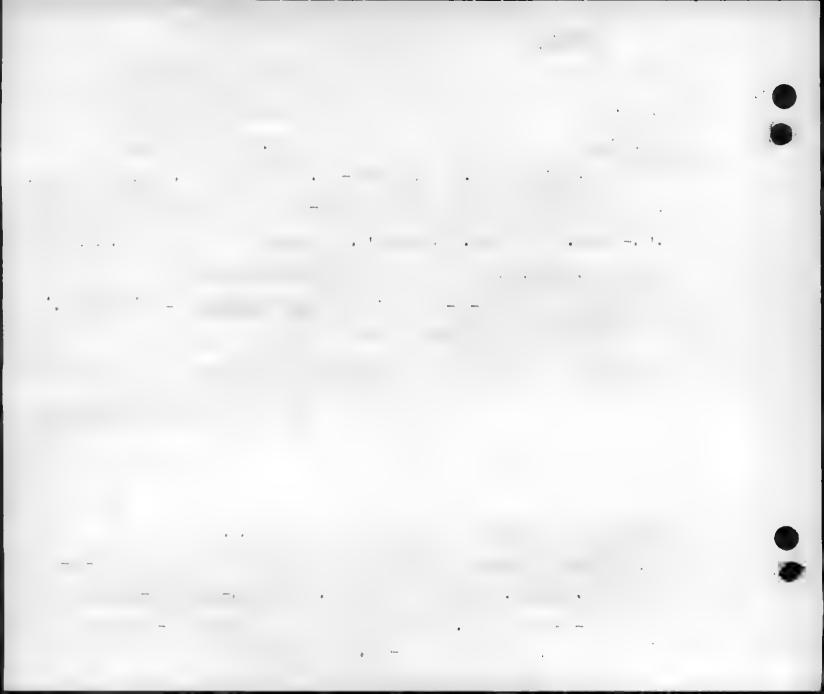


_			1 10 A U								
		ACE OF DEATH COUNTY			MARKAMI	2 USUAL RESI		_ h.	f institution: Resid		vission)
			rederick				Marylan			ederick	,
90		CITY OR TOWN (If a RURAL and give near	utside carporote limits, v est tawn)	write c. LEN	GTH OF STAY IN 16	c. CITY OR	TOWN (If outside	le corporate limit	s, write RURAL on	d give nearest to	iwn j
9		Frederic			fetime	1/	Frederi	.ck		4	,
g /	d.	NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give	street address)		d. STREET	ADDRESS			e. IS I	RESIDENCE I A FARM?
0	Î		k Memorial	Hospita	al		322 W.	College	Terrace	YES	□ NO 🔟
6	3. NA	AME OF CEASED	First		Middle	Lo	st 4.	DATE	Month	Day	Yeor
s =		rpe or print)	Francis	B.	Sapping	gton- Jr		de man a store a 1979.	eb. l	0	19 61
Pages death	S. SEX	(6	COLOR OR RACE 7.	MARRIED A.	NEVER MARRIED	8. DATE OF BIRT	тн	9. AGE		ER TYEAR IF U	_
after	3	Male	White w	DOWED	DIVORCED	June 8	-1887	7	Manth yrs.	s Days Hou	rs Min
rs o	10o. t	JSUAL OCCUPATION	(Give kind of work don	e 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHP	LACE (State or fo	oreign country)	12.0	ITIZEN OF WHA	T COUNTRY?
o d		luring most of working		Bldg.	& Loan As:	ain.	Marvland			U.S.A.	
22 22		THER'S NAME					S MAIDEN NAME	E		3,1,0,1,1	
體一		Francis	B. Sapping	ton		M	ary Rebe	cca Ang	ell.		
		AS DECEASED EVER II	N U. S. ARMED FORCES	7 16. SOCIAL	SECURITY NO. 17	NFORMANT			Address	(Thursday)	G.L
even ([103. n		Wwar 1	' la	3-5433 M	iss Marv	Angell	Sanning	ton-Fre	Church	St.
lease ony o	11		[Enter only one couse			, /	4 0			INTERVAL	BETWEEN
T. C.		PART I. DEATH	WAS CAUSED BY:	Cone.	estine 1	Leat.	To ile	.0		DONSEL A	DEATH
Ther		1170	DUE TO			8	, ,				
		Canditions, if any,	on /	L Poi	- lo 1	4- 16	a to	Direa	- 0	100	+
Jan	3 1	gave rise to imm	rediate (DUE TO				, , , , , ,		<u> </u>	1	4
± €		cause (a), stating the lying couse last.	nuder-								
ansi or or	_ -		(c) SIGNIFICANT CONDIT	ONS CONTRIB	BUTING TO DEATH BU	NOT RELATED TO	O THE TERMINAL	DISEASE COND	TION GIVEN N.P	ART 1(o) 19. W	S AUTOPSY
tion tion	ATIC	1) Distos	2 0000	1. F	2/ /ohy	11 -1- 3	Torre	S			FORMED?
emo	을 2	G. ACCIDENT WAS	UNDERLYING □ 201	b. DESCRIBE H	OW INJURY OCCUR	D. (Exper noture	of injury in Part	I or Port II of ite	m 18.}	1	
G. Cr	CERTIFICATION	G. ACCIDENT WAS I OR CONTRIBUTING D IF EITHER, NOTIFY ME	CAUSE OF DEATH								
1 so		Oc. TIME OF INJURY		20d. INJURY C	DCCURRED 20e. Pl	ACE OF INJURY	(Home, farm, 2	Of, (City or lown	1	(County)	(Stote)
o bi	WED	Hour a.m.	10	While N	ot while fo	ctory, street, offic	ce bldg., etc.)		,	1,,	,
0 70	- -	b w			work	6-1-		57		11.	
p d			(I) (this haspital) o	d		6 1			0, 19	,	
detoche Health		ow the deceased	alive an	70 1	96/, and that	death occurre	ed at412501,	Applishe co	uses and an	the dote stat	
		Za SIGNALJKY	1//			ATTENDIN	NG MED	STAF	F	0.24	22b DATE SIGNED
d o b		22 PHYSICIAN'S	24 h. C	nos	0	M.D PHYS.		TOR PHYS	· U	Z-1()-1961
Board		NAME (Type)	_/					al D		ne 9	
te B			Dr. Henry V						derick-		
Stote		BURIAL CREMATION, REMOVAL (Specify)			NAME OF CEMETERY		23d	_	ty, town, or count		ilate)
the the		Burial	2-13-1961		. Olivet Co	emetery			rick- Ma		
9	24/	NERALD RECTOR'S	FLOTUNAL P		DDRESS ಇಂಡಿಂಗತೆ ಡೆಸ್ಕಾ	ISA .	2So. REC'D 8Y		25b. REGISTRAR'S	S. Kraus	
(4)	1	w 8/5,2	Theline of	TEME!	OUGITOR .	SEA O	DATE FEB	12.01	(L) -1, Guzz	A. I VIIIUE	

exemutell within 24 hau

ONG EMYSICIAN: The low requires that the death certificate aspiral or offending physician After this certificate has been signed by the offending physician TO HOSPITAL AT

VR AIS 15M 9/



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND TH

	DIVISION	OF SIMILISHOWE KESEMI	COUL WIND	KECOKU	3 — 1
4	17	CERTIF	ICATE	OF I	DEA

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													<u> </u>
	LACE OF DEATH	la .		MAI	PILAMO	2. USUAL RESIDE		ere deceased	b. COUN	ITY		efore adr	nission)
Ь	Frederic CITY OR TOWN (RURAL and give n	if outside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b	c CITY OR TO		utside corpo	rote limits, writ		AL and give	nearest f	оwп)
	Frederic			37 Yes	urs	11	Frede	erick					
d	OR INSTITUTION	FAL (If not in hospital, (ddress)		d STREET AD						10	RESIDENCE N A FARM?
	Frederic	k Memorial	Hospi	tal		/ 272 We	st F	ifth S	treet			1E2	□ NO 🖸
T D	NAME OF DECEASED Type or print)	WILLIA	_	HARR]		SHANK	IE.	4. DATE OF DEATH		Month	ıry	Day 7	Year 19 61
5. S	EX	6. COLOR OR RACE	7. MARRIE	ED IN NEVER MAR	RIED B	DATE OF BIRTH			9. AGE (In ye			AR IF U	NDER 24 HRS
	Male	White	WIDOWED	DIVOR	ED 🗆	June 23	, 188	39	lost birthdo	yrs.	lonths Do	ys Hou	ers Min,
10a	LSJAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b K	IND OF BUSINESS	OR INDUST	RY 11 BIRTHPLA	CE (State	or foreign c	ountry)		12. CITIZEN	OF WHA	T COUNTRY
	Janitor	ring me, even ir remed		rade Scho	For	M	arvla	and			TI	SA	
13. f	FATHER'S NAME					14. MOTHER'S						and the same of th	
	Daniel	0. Shankle					nett	Stale	y				
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address													
1.04.	(Yes, no, or unknown) (If yes, give wer or dotes of service) 217-18-7161 Mrs. Jessie L. Shankle-Same as Item #2												
\Box	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)]												
	PART I DEATH WAS CAUSED BY. Orthioselepote Reart disease with consetting 2 week												
	420.0 DUE TO												
	Conditions, if any, which gave rise to immediate (b)												
-	couse (a), stating the under-												
	lying couse lost. (c)												
CATION													
Z													NO [
<u>u</u>													
		RY Month, Day, Ye	gr 20d IN	HIPY OCCUPPED	20e. PLA	CE OF INJURY (H	ome form	20£ (Cib	ar lown)		{Cour	atu i	(Stole
MEDICAL	Hour a.m.		While	Not while		ary, street, affice			ai iomiq		1000	*171	(3,012)
ž	p. m. 19 of wark of wark												
	21 I certify the	at (I) (this haspita	l) attende	ed the decease	d fram	ang	19	D. la .	2-7-		, 19.6.1.	that (I) (we) last
-1	saw the decea	sed alive an 2	-7-	19 6/ an	d that de	eath accurred	at 9:3	30Pfrom	the causes	and	an the d	ate stai	ed above
ı	220 SIGNATURE	2		/									22b DATE
- 1	K	dow	2.	11-	N	ATTENDING	MI DI	ED. RECTOR	STAFF PHYS		2/	0/19	SIGNED
Ì	22c. PHYSICIAN'S NAME (Type)	7-12-1-				22d. ADDRES		TE TON E				11301	<u></u>
		Rex R. Mar					orth		t Stree			rick	. Md.
23a	REMOVAL (Specify Euria)	ON, 23b. DATE THEREO		23c NAME OF CE					TION (City, for	yn, ar c	county)	(State)
			.961		livet	Cemeter			erick,			ryla	nd
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			25a. REC*	D BY REGIST	TRAR 256 R	EGISTR	AR'S SIGNA	ATORE	
	M. R. Et.	chison & So	n. Fr	ederick.	Marvl	and	DATE C	R 1 0 1	61	0.7	1 P +	Course	

may be retained by spital ar attending physician.

TO FUNERAL DIRECTO The this certificate has been signed by the attending physician and completely filled in by fone. director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, or remayal, and in any event, within 72 haurs offer death. NG PHYSICIAN: The law requires that the death certificate be executed within 24 hour ATT TO HOSPITAL VR A15 (4) 15M 9/59

- N - W Jun 11 poilor CERTIFICATE OF DEATH

01894

		1010	CERTIFICA	TIE OF DE	AIII						
	PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	o. STATE	ENCE (Where decease Maryland	id lived. If institution b. COUNTY		ederick			
١	b. CITY OR TOWN (RURAL ond give n 'rederick	(If outside corporate limits, w learest town)	30 Years	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frederick							
	d. NAME OF HOSPI OR INSTITUTION OF Frank	TAL (If not in hospitol, give s	street oddress)	d. STREET AD	odress unklin Stre	eet		e. IS RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED (Type or print)	JAMES	Middle ALBERT	SHOW		Month Febr		Doy 9 60			
5. 9	sex Male	2277 1 1	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	22, 1895	-	F JNDER 1 Y Months Da	EAR IF UNDER 24 HRS			
	JSUAL OCCUPATI during most of wor Laborer	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDU		ACE (Stote or foreign ouryl.and	country)	12. CITIZEN	OF WHAT COUNTRY			
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		_				
	T	homas Frankli	n Showe	Mary	Ellen Sum	nen					
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		rs. Rosal	ie M. Show	Addre re-Same as		#2			
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).										
	Conditions, if any, which gave rise to immediate cause (a), stating the under-										
CATION	Part II OT	, (C)	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO			
CERTIFI	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	, DESCRIBE HOW INJURY OCCURRI	ED (Enter noture of	injury in Part I or Pa	rt il of item 18 }					
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10		LACE OF INJURY (H scrory, street, office	forme, form, 20f (Cit bldg., etc.)	y or town)	(Cou	nty) (Stote			
	21 I certify the	1 2	ttended the deceased from		1959 to	1 - 30 the couses and		that (I) (we) los ate stated above			
1	220 SIGNATURE ALL LAZI ALL LAZI 220 PHYSICIAN'S 220 ADDRESS										
	NAME (Type)	U. G. Bour		West	All Saints			Md.			
1 _	BURIAL CREMATI	4	23c NAME OF CEMETERY (23d 1OCA	ATION (C by town, or		(State)			
	durial	Feb.6,196	Pine Grove C	emetery		Alry Co		laryland			
24.	M. R.		n, Frederick, Max	ryland	DATE R 7 '6		RAR'S SIGN				

TO HOSPITA ATY SILE PHYSICE.N: The low requires that the death certificate be executed within 24 hau. For death and be retained to aspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in billing of functor, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremotion, ar remayal, and in any event, within the priar decomplete. VR A15 (4) 15M 9/59



papers.

3 should

FUNERAL

VS A15 (4) 1SM 9/58

certificate be



VR A15 (4) 15M 9/59

9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01897

							1,	· COU			
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2 USUAL RESII a. STATE	Marvlar	_ h	If institution, Resi LOUNTY	rederi				
b CITY OR TOWN (_RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	TOWN (If outside	e corporate lim	nits, write RURAL a					
Frederick	•	l Day		Braddoo	k Heigh	nts					
d. NAME OF HOSPI' OR INSTITUT ON	TAL (If not in hospital, give stree	oddress)	d STREET A	DDRESS				S RES DENCE ON A FARM?			
	Memorial Hospi	tal.	1	Box #13	36			ES NOXX			
3. NAME OF DECEASED (Type or print)	DWAYNE	CONNER 5	pur/00		DATE OF DEATH	Feb	2-6	Year 1967			
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTI		last	E (In years IF UNE birthday) Manth		JNDER 24 HRS.			
Male	White WIDOW	/ED DIVORCED	February	y 25, 19	261	Atz	1 1075	10015			
10g. USUAL OCCUPATA	ON (Give kind of work dane 10b king life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or fo	reign country)	12	CITIZEN OF WI	HAT COUNTRY?			
Infant		Same		Mar	yland		USA				
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME							
	Roy Conner Spu	rlock	Je	oyce J.	Mays						
	ER IN U. S. ARMED FORCES? 16		NFORMANT			Address					
No [Yes, no. or unknown]	(If yes, give war or dates of service)	None M	rs. Joyce	e J. Spu	rlock-	Same as 1	[tem #2				
18 CAUSE OF DEA	ATH [Enter only one cause per I	ine far (a), (b), and (c)]					INTERV	AL BETWEEN			
PART I. DEA	PART). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This immediate cause (b)										
177	DUE TO D										
Conditions, if a	inv. which)	remalle	ret								
gave rise to i	immediate DUETO	-									
lying cause last.	The Under-										
	. J (c) HER SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINA.	DISEASE CON	DIT ON G VEN IN	PART 1(a) 19 1	WAS AUTOPSY			
CATIO							F	ES NO			
(IF EITHER, NOTIFY	AS UNDERLYING () 20b. DE G () CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature a	f in _t ury in Part I	l or Port II of i	/em 18 }					
20c. TIME OF INJUI Hour a m. p. m.	While	I.	LACE OF INJURY (actory, street, office	Home, form, 20 bldg., etc.)	Of (City or tow	n)	(Cauniy)	(State)			
21. I certify the	ot (I) (this haspital) atten	ded the deceased fram.	25/1			1- al . 19					
saw the deceo	sed alive on L 6 F-	28 19 61, and that	death occurre	d of 1 M.	from the c	ouses and on	the date st	oted obove			
220 SIGNATURE	Pose	(u =n	M.D PHYS	G MED	STA	FF _		226 DATE SIGNED			
22c PHYS CIAN'S	2- 0000	h	22d, ADDR	DIRECT	OK LI PHY	2 []					
NAME (Type)	A. M. Powell,	Jr., M.D.	Frede	rick Med	dical C	eneter, F	rederi	ck, Mary			
230 BURIAL, CREMATIC	ON, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d	LOCATION (City, town, or coun	ly)	(State)			
Burial (Specify	Mar. 1,1961	Mount_Olive	t_Cemeter	CY	Freder	ick.	Marry	Land			
24 FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY	REGISTRAR	256 REGISTRAR'S	SIGNATURE				
M. R. Etch	ison & Son, Fre	derick, Maryla	nd	DATE MAR 1	'61	Cittan	S. France				

40004



FOR STATE MEALTH DIPT.

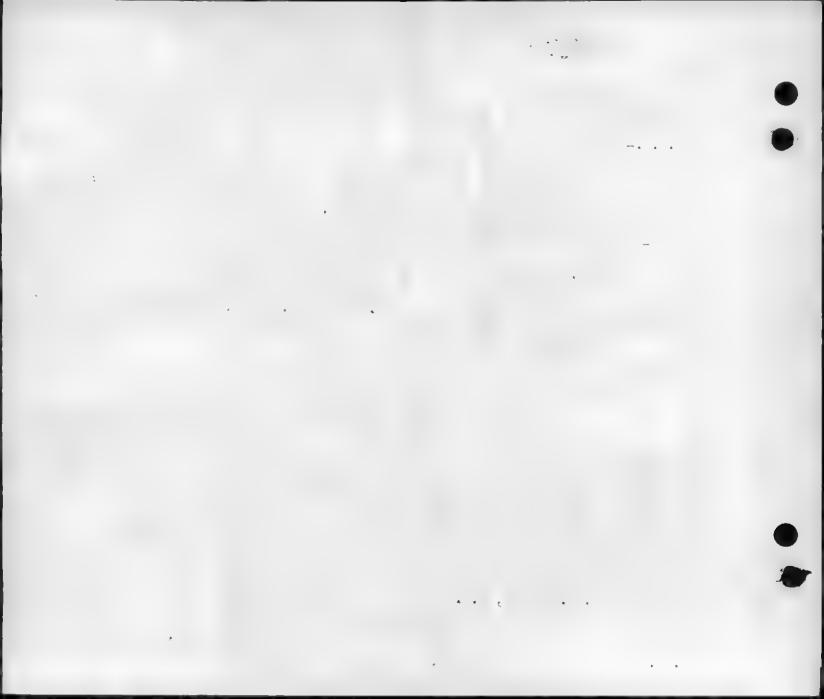
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. D	()	18	9	8
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• i	1. PLACE OF DEATH O. COUNTY Frederick	,		o STATE Maryland b COUNTY Frederick c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] Frederick								
	b. CITY OR TOWN (Il outside corporate fin ond give negress town) Frederick	C LENGTH OF S	STAY IN 1b c. (
,	d NAME OF HOSPITAL OR INSTITUT D.O.AFrederick			128 South	Market S	treet	S RELIDENCE ON A FARMY YES NO					
1	3. NAME OF DECEASED (Type or print) ADA	First Midd A JANE ELIZA		INE DEATH	Febru		19 61.					
	Female White	Later Comments	CED May	4, 1883	9 AGE (In years entry birthday) yes.	Months Days	IF UNDER 24 HRS. Hours Min.					
	10a USUAL OCCUPATION (Give kind of during most of working life, even if re House—work	work done 106 KIND OF BUSINESS tired] At Home	S OR INDUSTRY 11.	Virginia	country)		SA					
	13. FATHER'S NAME John W. Yo	ung	14. MC	THER'S MAIDEN NAME Ainie Bussal	rel.							
	15. WAS DECEASED EVER IN U. S. ARM (Yes, na, er briknewa) (II yes, give war er			eston V. Stine		Patrick ck, Mary						
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse tost.	BY CODONADY TO	ROMBOSIS	TED TO THE TERMINAL DISEA	SE CONDITION GIVI	EN IN PART I(o)	P. WAS AUTOPSY PERFORMED?					
).	20c. TIME OF INJURY Month, D. Hour o. m. p. m. 21. 1 certify that I taak ch	20b DESCRIBE HOW INJURY OF DESCRIBE HOW INJURY OF DESCRIBE HOW INJURY OF DESCRIPTION OF DESCRIPT	UURY (Home, form, 201 (C), office bldg., etc.) Id an Autapsy, Suicide, Homicid	Inspection X.		gelfedeg						
	EXAMINER'S B. O.	Thomas, M.D.		ASSISTANT MEDICAL EXAMINER	100	5/2	7/61					
	270 BURIAL CREMATION, 22b DATE 1 REMOVAL (Specify) 2/27/ 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &	1961 Luthers	emetery or crematen an Cemeter Maryland		24							

TO DEPUTY:

CAL MINITE This certificall shall be executed within 24 hours offer death. If any delay is execute the execute the fact liting the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funer set of the 4 shauld be forward. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VS. A15ME 5M 2/57



e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

6 notice

PERFORMED2 YES NO

(State)

22b DATE

2-7-1961

(State)

Dov

YES NO TH

Year

1961

cample popers. puo pou l 2 physician remove cork event, \ ĝ eose attendia ā þ permit. gned ote has been sig burial-transit p ottending physician strificate has been s cremotion, certificate ‡ ő DIRECTO moy be re page 3 sh the Stote

VR A15 (4)

15M 9/59

2.

death.

ofter



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\vdash		A 17 PW A				
1	PLACE OF DEATH	\$ 3-	MARYLAND	2, USUAL RESIDENCE (Where of STATE	6 COUNTY	
-	Freder	LCK If outside corporate limits, writ	le c. LENGTH OF STAY IN 1b	Maryland		ederick
	RURAL and give n		C. LENGTH OF STAT IN IB		le corporote limits, write RUR	(At one give neares) fown)
	Freder:	ick	50 Years	// Frederic	k	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre	eet address)	d STREET ADDRESS		e. IS RESIDENCE
		L Avenue		250 Dill Ave	22110	YES NO
_					nue	
	NAME OF DECEASED	First	Middle		DATE Month	Day 'eor
	(Type or print)	SARAH	AUGUSTA	STOTELMYER	DEATH Februa	ary 8. 961
5. 5	SEX	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	F JNDER TYEAR IT UNDER 24 HRS
		144170.6				Months Doys Hours Min.
1.0	Female	PERMANENT MARKET		March 10, 1870	90 yrs	
100	during most of wor	ON (Give kind of work done) I king life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
	House-wor		At Home	Maryland	1	USA
13.	FATHER'S NAME	- 43-	ALD HOME	14 MOTHER'S MAIDEN NAME		- VIII
				_		
		Willer			C. Shuff	
15.		R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	33
	Ne	fit you and a dark or you read	None M	s. Beatrice V.	Miller-Same_a	as_Item_#2
	18. CAUSE OF DEA	ATH [Enter only one couse pe	r line for (o), (b), and (c).]	-		INTERVAL SETWEEN ONSET AND DEATH
	PART I DEA	TH WAS CAUSED BY:	2.1	+		1 4 RAA
	2 50	IMMEDIATE CAUSE (6)	- Andrews			1944
	1 1	DUE TO	•	~		
	Canditions, if a					
	gove rise to i couse (o), stoting					
	lying couse lost.					
z		, (c)	NS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(0) 19, WAS AUTOPSY
2	PARI II OI	TER STORTE CONDITION	43 CONTRIBUTION TO GENTLE	HOI KEDIED TO THE TERMINALE	DISEASE CONDITION OFFEE	PERFORMED?
5						YES NO
TIE	20a ACCIDENT W	AS UNDERLYING 1 206 I	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	f or Port II of item 18)	
CERTIFICATION	(IF EITHER, NOTIFY	AS UNDERLYING 206 [CAUSE OF DEATH MEDICAL EXAMINER)				
			d. INJURY OCCURRED 20e Pt	ACE OF INJURY (Home, form, 2	Of (City or town)	(County) (Stote)
MEDICAL	Hour o m.	WI		ctory, street, office bldg., etc.)	or (city or rown)	(County) (Store)
ME	p. m,		work at work			
	or Leaguifier the	at /IV /this boomitally mass	ended the deceased fram.	2-1 1060	to 2 - 3	, 1961 , that (1) (we) last
		***	ah.			
		sed alive an & =	/19_ 6 _f / and that c	death accurred at LZ:19C	It am the causes and	an the date stated above
	22o. SIGNATURE		_			226, DATE SIGNED
	N.	· 1 ma	tion.	M.D. PHYS. ATTENDING MED DIRECT	TOR PHYS.	2/9/1961
	22c PHYSIRIANS	-16-11-		22d. ADDRESS		
	NAMĚ (Type)					
	<u> </u>	Rex R. Martin	, M.D.	220 North-Ma	rket Street,	Frederick, Md
23o	BURIAL, CREMATIC		23c NAME OF CEMETERY C		LOCATION (City, lown, or	
	REMOVAL (Specify	Feb 13 106	Name of	0	Donadami ala	16 2 2
24	FUNTAL DIRECTOR	Feb.11, 196	MOUNT ULIVE	Cemetery 250. REC'D BY	PEGISTRAD DES DECIST	PAR'S SIGNATURE
44,			MDDNESS	230. KEC D 81	AGGISTRAR 230, REGISTI	NAME OF STREET
	M. R. Etc	chison & Son,	Frederick, Maryl	and DATEFR 1	0'61 0.71	7 8 55
_				1 6-67 " 9"		

TO HOSPITAL MITTER ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for dead and be recommon by it spital an attenting physician.

TO FUNERAL MICTOR: After this certificate has been signed by the attending physician and campletely filled in by the first page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremmion, at removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

NG PHYSICIAN: The law requires that the death certificate be executed within 24 how

Final. 13 . And Dilaston

. 23

TO HOSPITAL ATTE VG PHYSICIAN: The law requires that the death certificate be executed within 24 have feet degrees 4 may be retained by the spital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haufs after death.

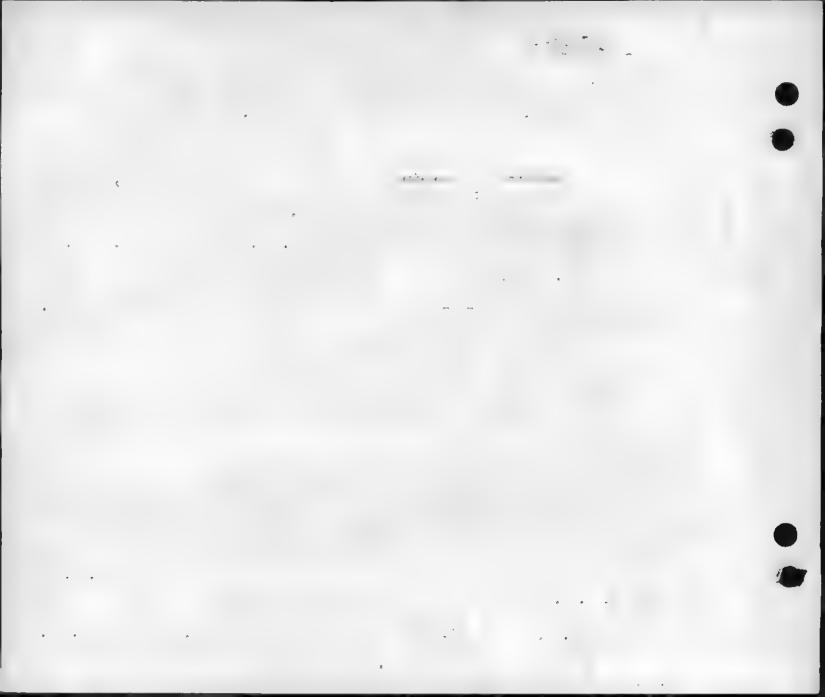
VR A1S (4) 15M 9/59

IG PHYSICIAN: The law requires that the death certificate be executed within 24 haur

	PLACE OF DEATH a. COUNTY	Frederick		MARYLANI		TATE	(Where deceosed	lived. If institute b. COUNTY	_	derick
	b. CITY OR TOWN	(If outside corporate limits, pearest tawn) LCK		r. 2 de	h	ITY OR TOWN		ote limits, write R	-	arest town}
T	d. NAME OF HOSI OR INSTITUTION hree P1	PITAL (If not in haspital, giv hes Nursing			d.	East	Street			e. IS RESIDENCE ON A FARM? YES NO.
	NAME OF DECEASED (Type or print)	Emma		Middle	2	Stowe	4 DATE OF DEATH	Fet	ryary	^{oy} 4 19 61
5	Fema le	127-1-1-	MARRIED NI	EVER MARRIED DIVORCED		of BIRTH 12,	1867	9 AGE (In years spirthday) yrs	Manths Days	Hours Min.
100	during most of w	TION (Give kind of work do rking life, even if retired)	one 10b. KIND OF OWn	BUSINESS OR IN	DUSTRY 11	Mary.	state or foreign co la nd	ountry)	U.S	• A •
13.	FATHER'S NAME Conrad	Mergardt				other's MAID		Roelky	ī	
15. (Ye	WAS DECEASEDE	VER IN U. S. ARMED FORCE (If yes, give wor or dates of sen	16. SOCIAL SE rice) Not		Three		s Conv.	Home r		Fred.
ATION	Conditions, if gove rise to couse (a), statin lying couse los	immediate DUE TO	ITIONS <u>CONTRIBU</u>	TING TO DEATH	BUT NOT RE	LATED TO THE T	TERMINAL D SEASE	E CONDITION GIV	'EN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
AL CERTIFIC	OR CONTRIBUTION	NG CAUSE OF DEATH	Ob DESCRIBE HOV							
MEDICAL	Hour a. m	10		while		INJURY (Hame, set, office bldg.		or town]	(County) (Stote)
		hat (1) (this haspital) ased alive an 1 - Rex R N		<u>G.</u> 1, and tha	M D P	TTENDING OF	MED.		d an the date	hat (1) (we) last e stated abave 22b.DATE SIGNED 25-6
23d B	BURIAL, CREMAT REMOVAL (Special UP 1811)	235. DATE THEREOF 2-7-61		ME OF CEMETER				derick,	Md.	(State)
24	FUNERAL DIRECTO	DR'S SIGNATURE		ness hurmont	, Md		FEB 8 '61		STRAR'S SIGNATU	

y7,1.4,2

J.	MAKILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	1000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	Reg. Dist, No. 2 USUAL RESIDENCE (Where decented lived. If institution. Residence before admission)
2 2 E	III COUNTY
	Frederick Martano Platylatid Frederick
20 1 1 1 1 /	and give nearest town)
d of d	Emmitsburg, 16 years Emmitsburg,
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. S. RECIDEN_E. ON A FARM?
- 20 2 2	400 West Main Street 400 West Main Street
fun fun Stat	3. NAME OF First Middle Lost 4 DATE Month Day Year OF
e he e	(Type or print) Theodore Franklin Summers DEATH February 20, 19 61
a to	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER LYEAR IF UNDER 24 HES
- E - C - C - C - C - C - C - C - C - C	Male White WIDOWED DIVORCED February 5, 1902 TOWN World Day's Hours Min.
To o o o	100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY during most of working life, even if retired)
22.00.00	Machine operator Pipe & Nipple Adams Co. Pa. U. S. A.
A A A A A A A A A A A A A A A A A A A	13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME
Pog Pog Pog Pog	Charles D. Summers Alverta Loy
Figure 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 400 West Main
6 % S	No 188-16-7229 Mr. Pauling, Md.
語 (18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
Per do	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 24 hours
da a da	4) PUE TO
A STATE OF S	Condition (Condition)
Per Sirio	gove rise to immediate couse
Page 1	(a), stating the underlying PUE TO
and	
S S T S S S S S S S S S S S S S S S S S	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE:
dico dico	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)
Merch	20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) PRIMARY DO CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.)
bed by	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
# # Q % 2	Hour a m. While Not while factory, street, affice bldg., etc.)
The the tring	
A	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection C, Inquiry X, and in my
3 0 5	opinian death resulted from: Natural causes 🗓, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner 🗍
A Spiral	ACTUAL BY ACTUAL DATE SIGNED
DIRE	SIGNATURE ADD STATES MEDICAL EXAMINER Feb. 20. 1961
3-10	ASSISTANT MEDICAL EXAMINER
UTY Se find to the second to t	NAME (Type) Dr. B. O. Thomas DEPUTY MEDICAL EXAMINER
Show TUN HE	270. BURIAL CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) (Stole)
0 4 0 p	Burial Feb. 23, 1961 Mt. View Emmitsburg, Frederick Co. Md.
VS A15ME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 2157	C. C. Wilson, Fmmitsburg, Md. DATEFEB 2 4 '61 Orthur S. Kraus
	C. E. Wilson

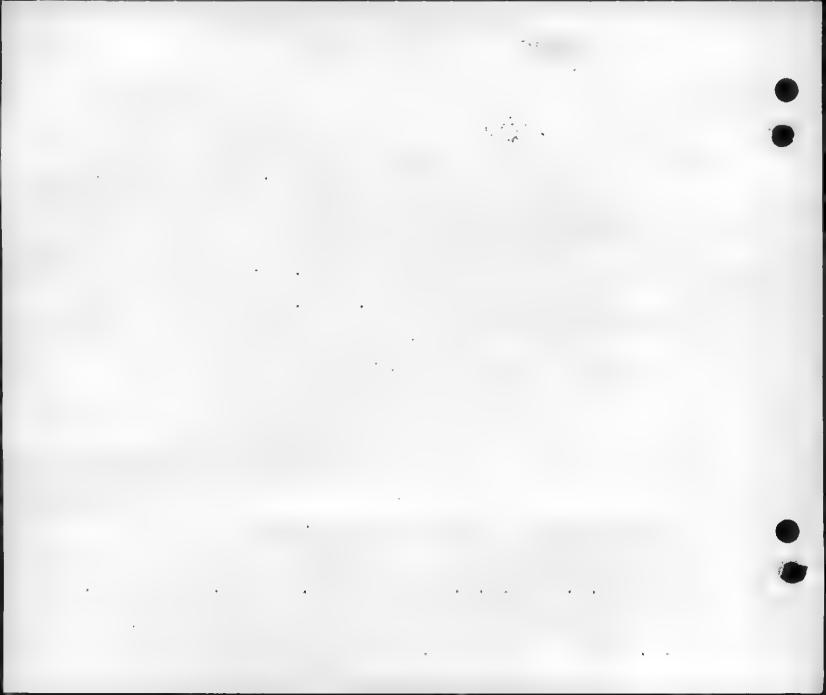


019/3

					1 = 0 .0
o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (When STATE Marylar	h co	nstitution: Residence !	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Frederick	60 Years	c. CITY OR TOWN (IF at		write RURAL and give	nearest town)
d NAME OF HOSPITAL (If not in hospital, give street on Natifution Frederick Memorial Hospi	'	d street Address 122 Pi	ne Avenue		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) HOWARD	Middle GREENWOOD	TAYLOR, SR	4. DATE OF DEATH	Month February	7, Year
Male White WIDOWE	ED DIVORCED	5 July 1875	9. AGE (In leg birth	years IF UNDER 1 Y Months Da	EAR IF UNDER 24 HRS lys Hours Min.
	kind of Business or industrument Dealer	TRY 11 BIRTHPLACE (Stole of Maryland	or foreign country)	12. CITIZE	OF WHAT COUNTRY
13. FATHER'S NAME		Agnes J. Lo			
Thomas Taylor 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service] NO		FORMANT s. Erma R. Ta		Address as item #	2)
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	etestinal Hemorroded Duodenal U				INTERVAL BETWEEN ONSET AND DEATH 24 Hours
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH Up to the contributing cause of death Up the contributing cause of death Up the contributing cause of death					a) 19 WAS AUTOPSY PERFORMED? YES NO X
	CRIBE HOW INJURY OCCURRED	Enter noture of injury in P	art I or Port It of item	18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 of world of world w	Not while fact	CE OF INJURY (Home farm, tary, street, affice bldg., etc.)	20f. (City or town)	(Cov	nty) (State
21. I certify that (I) (this haspital) attend saw the deceased alive an	19 6/ , and that de	eath accurred & LOA	D STAFF _	es and an the d	ate stated above
PHYS CIAN S NAME (Type) B. O. Thomas, M		A D PHYS ZI DIR 22d. ADDRESS	rector PHYS [Feb 61 Md.
23g BUR AL, CREMATION. 23b DATE THEREOF 2-1.0-61	23c NAME OF CEMETERY OR Mount Olivet		23d LOCATION (City, Frederick	town, or county) Maryland	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ederick, Maryl		B 1 0 '61	REGISTRAR'S SIGN.	

TO HOSPITAL ATT IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours for der Page 4 may be read by it pital or attending physician.

TO FUNERAL DIRECTO IN this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 3 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death VR ATS (4) 1SM 9/59



VR A15 (4) 1SM 9/59

(County)

01994

e IS RESIDENCE

Day

YES NO

Year

19

Hours

INTERVAL RETWEEN ONSET AND DEATH

PERFORMED?

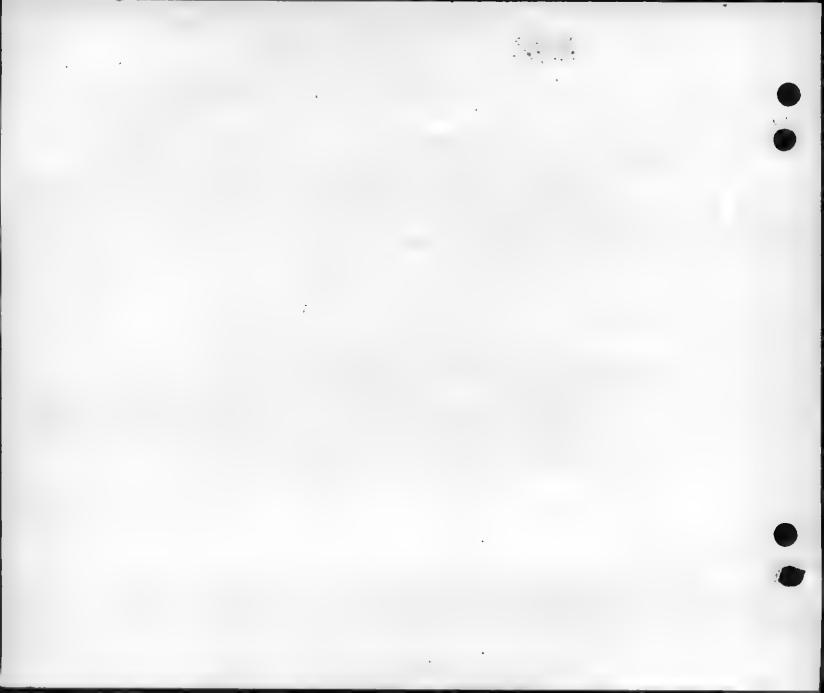
YES NO

22b DATE

(State)

SIGNED

(Stote)



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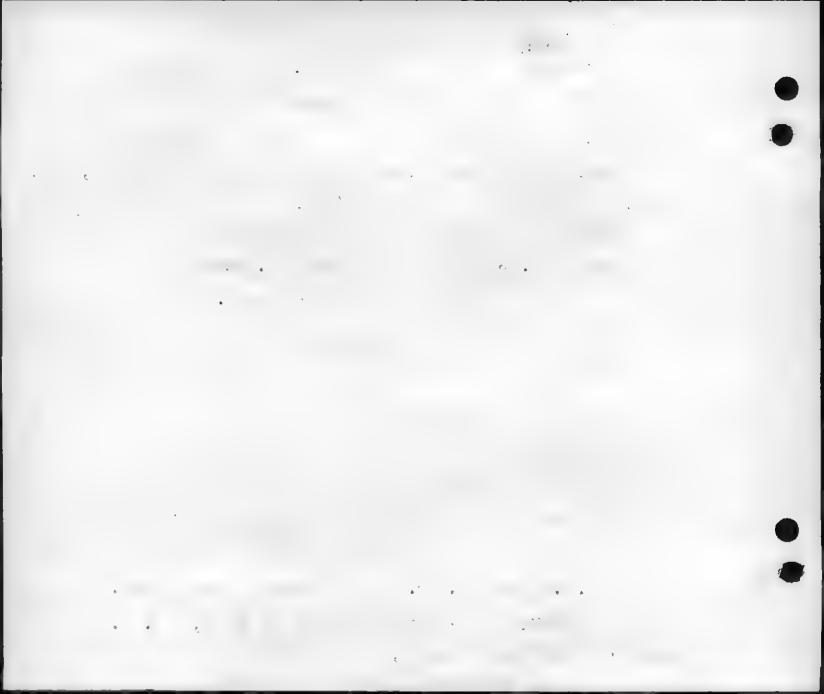
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FUNERAL DIRECTOR:

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VR A15 (4) 15M 9/59

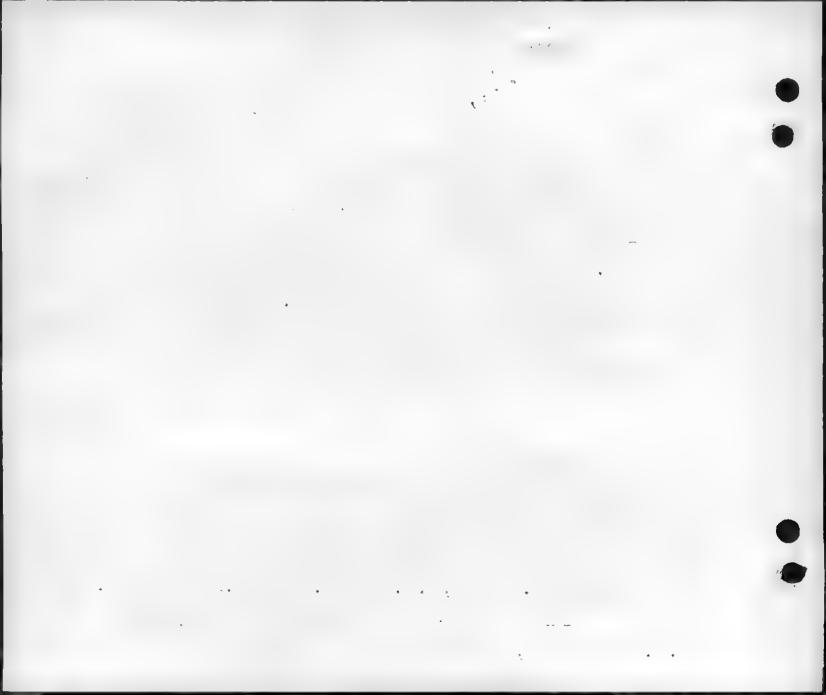
pital



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-												V U	737
ì	PLACE OF DEATH COUNTY Fred	erick		MARYLA	- 11	~ CTATE	ence (Wh		d lived. If inst b. COUI	ATTA -	Residence be Frederi		ssion)
	b. CITY OR TOWN (If RURAL ond give nec Frederic		, write	c. LENGTH OF STAY IN	V 16		own (If o reder		rote limits, wri	le RUR	AL and give	nearest tov	vn)
10	OR INSTITUTION	k Memorial				d. STREET AL	4 4	outh C	arroll	St	reet	ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	First MARY		MARION	1	Lost TRACEY		4. DATE OF DEATH	1	Month Fel	oruary	Doy 2,	Yeor 1961
5	Female	dim a s	7. MARR	IED NEVER MARRIED DIVORCED		ATE OF BIRTH)	9 AGE (In ye lost birthdo 70		UNDER 1 YE.		
1	during most of worki	ng tife, even if retired).	one 10b.	KIND OF BUSINESS OR At Home	INDUSTRY		yland		ountry)		USA	OF WHAT	COUNTRY?
1	3 FATHER'S NAME Melvin A	• Oden			1	Mary			·				
	5. WAS DECEASED EVER	IN U. S. ARMED FORCE f yes, give war or dates of se	Aids)	SOCIAL SECURITY NO.	Mis:		D. 1	'rac e y	(Same	Addres 2.5		¥2)	
	Conditions, if on gove rise to im couse (a), stating to lying couse lost.	mediate (DUE TO											
14014	PART II OTH	(antes	contributing to DEAT	Ne	ent De	secré	د			I IN PART 1(o	PERF	ORMED?
	20c. TIME OF INJURY	CAUSE OF DEATH	r 20d. II	NJURY OCCURRED 2	0e PLACE	OF INJURY (F	lome form	, 20f. (City		,	{Count	(y)	(Stote)
61.0		19		k of work		street, office		59, ta_	2/2		106/	that (I)	(we) last
		ed alive an2	10			f [1 / A A		the causes	and	an the do	ite state	d abave.
	22c. PHYSICIAN'S	Richard C. Keynolds					M D ATTENDING MED DIRECTOR PHYS 3 Feb 1961						
	NAME (Type)			nolds, M. D	*			ch St	, Fred	eri	ck, Md	•	
2	3a. BURIAL, CREMAT OF REMOVAL Specify) BURIAL	2-6-61	F	Mount Oliv			r		TION (City, to				ole)
2	M. R. Etch	signature ison & Son	, Fr	ederick, Mai	rylan	d		BY REGIST	761 256 F		RAR'S SIGNA Why L 1		

TO HOSPITAL NATION OF PHYSICIAN: The low requires that the death certificate be executed within 24 hours where death of spital or attending physician and completely filled in by the function of Function and completely filled in by the function of VR A15 (4) 15M 9/59



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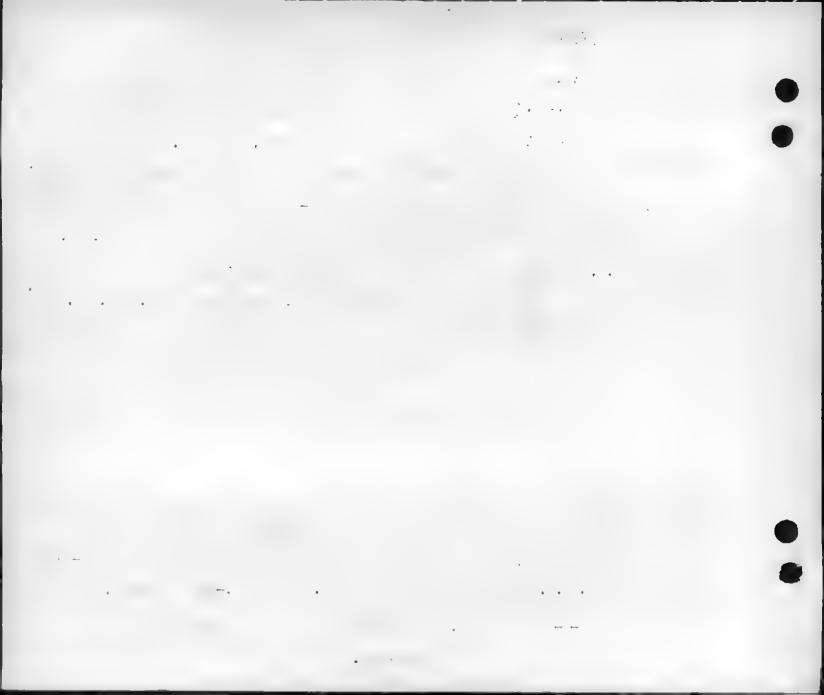
	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where do . STATE Marylan	- F COUNTY -	Residence before odmission)
	b CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 a. Week	c. CITY OR TOWN (If outside	e corporate limits, write RURA	3 V 1 - 4
	d. NAME OF HOSPITAL (If not in hospitot, gi OR INSTITUTION 129 West Thi:	,	d. STREET ADDRESS Broadview Apts.	West -116 Univ. Par	e. ÎS RESIDENCE ON A FARM? YES NO 2
	3 NAME OF Firs DECEASED (Type or print) GT	ace DeLashmutt	97	DATE Month OF Februar	y 5 19 61
	S. SEX 6 COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED MONTH DIVORCED	b date of birth July 14-1895		UNDER 1 YEAR IF UNDER 24 HR
	10c. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Honemaker	Own home	Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
)	13 FATHER'S NAME Edward T.H.DeLashmu	tt	14. MOTHER'S MAIDEN NAME Pmma Alvida		
	(Yes no or unknown) (If yes, give wor ar dates of se	erwoel	FORMANT ES Alvida B. Del	Address ashmutt-129 W	Frederick- Md. 3rd. St.
	18. CAUSE OF DEATH [Enter only one con- PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS OUT TO COMME	Myscerdis	I Sufared NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	INTERVAL BETWEEN ONSET AND DEATH 3 771111111 N PART 1(0) 19. WAS AUTOPS1 PERFORMED? YES \(\text{YES} \) NO IP
2		20b DESCRIBE HOW INJURY OCCURRED or 20d INJURY OCCURRED 20e. PL While Not while of work of otwork	D. (Enter noture of injury in Port I ACE OF INJURY (Home, form, 20 clory, street, office bldg., etc.)		(County) (State
ĺ	21 I certify that (I) (this-hospital saw the deceased alive an Sc. 220 SIGNATURE 22c PHYSICIAN'S NAME (Type) Dr. H.F. K) attended the deceased fram	M D ATTENDING MED. PHYS DIRECTO	from the causes and c	226 DATE 2-6-1.96
	230 BURIAL, CREMATION, 236. DATE THEREO REMOVAL (Specify) Burial 2-8-1961	Mt. Olivet C	emetery	LOCATION (City, town, or co	ryland
	Daily & Funeral Daily & Funeral	Home ADDRESS Frederick-	250 REC'D BY DATEEB 9		AR'S SIGNATURE

serul director, be filed with

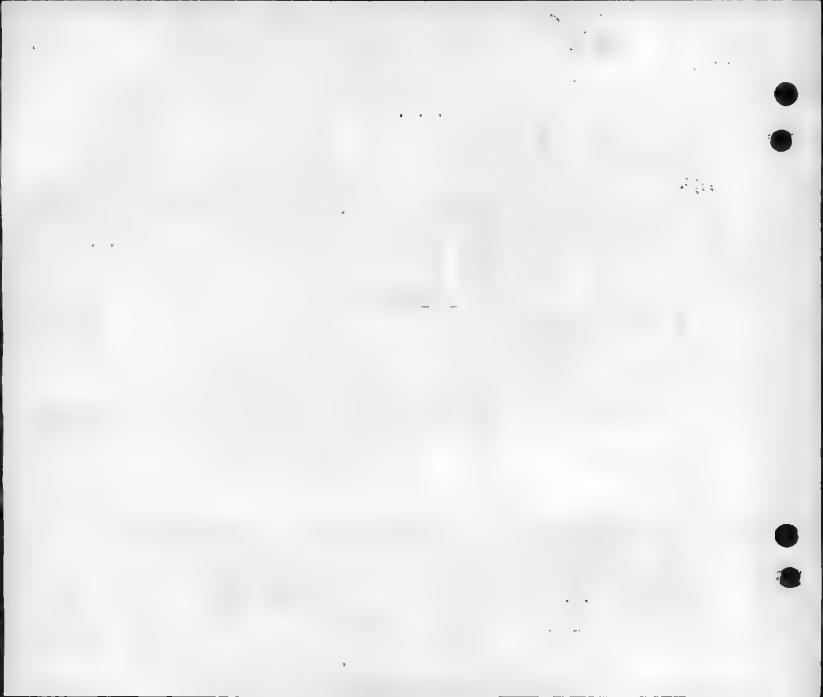
TO HOSPITAL ATTITUTE PHYSICIAN: The low equires that the death cert ficate be executed within 24 hours offer demay be related. By the pital or attending physician.

TO FUNERAL DIRECTO. In this certificate has been signed by the attending physician and completely filled in by the fune page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar remayol, and in ony event, within 72 hours offer death

VR A15 (4) 15M 9/59



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1932 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 019(5) 1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
#	Frederick D.O.A. Lewistown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS le. 15 RES DENCE
ď	Frederick Memorial Hospital
	OFCEASED (Type or print) Henry Ernest Warner DEATH r'ebruary 16 19 61
	5. SEX MARRIED NEVER MARRIED SET BIRTH NEVER MARRIED DEC. 16, 1879 9. AGE (In years Funder 14EAR IF UNDER 24 HAS.) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Own Farm Pennsylvania 12. CITIZEN OF WHAT COUNTRY U.S.A.
1	13. FATHER'S NAME William Warner Martha Keiholtz
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 11 year. 18 ve wer of doles of terrice) 217-28-5998 larence Warner Lewistown Maryland
	The Cause of Death [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse tost. (c)
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	CAUSE OF DEATH. 20c. TIME OF INJURY Month. Day. Year Hour o. m. p. m. 19 of work of work of work (Stote)
	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
	ACTUAL BUTTER BUTTER ASSISTANT MEDICAL EXAMINER TO FELL 17-196 EXAMINER'S NAME (Type) B.O. Thomas DEPUTY MEDICAL EXAMINER TO THE SIGNED TO TH
	270. BLEFIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, fown, or county) (Stote) BUTTAL Specify 2-19-61 Blue Ridge Cemetery Thurmont, Maryland 23. PHINERAL DIRECTOR'S SIGNATURE ADDRESS (240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
1	Taymond & Calager Thurmont, Md. DATE FEB 20'61 archur S. Krous





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	10	2%		Item Ite	IFICA	TE OF D	EATH	et				113	1()
1. PLACE OF DE	ATH REDERICK	7.1		MA	ARYLAND	2. USUAL RESI o. STATE	DENCE (V	Vhere decease	d lived. If institut b. COUNTY		nce befo	re admiss	ion)
	OWN (If outside co		ts, write	c. LENGTH OF ST.	AY IN 16	c. CITY OR	TOWN (I	outside corpo	prote limits, write	RURAL ond	give ne	arest lowr	1)
				7 day	78			ton, D	- C-	-	T	1 X	- year
OR INSTITU	HOSPITAL (If not in ITON Reed Gem				Detric	d. STREET /		rado	Ave. N	.wl.			FARM?
3. NAME OF		Fin		Mid		la		4. DATE	Ma	nth	Do	ıy	Year
(Type or print		JAN	MES.	I	В.	MAJ	REN	Jr DEATH	Feb	•	5		19 6
5. SEX	6. COLO	R OR RACE	7. MARR	IED NEVER MA	RRIED	B. DATE OF BIRT	Н		9. AGE (in years lost birthdoy)	IF UNDE		IF UND	
MALE	Car	1.	WIDOWE	DIVOR	RCED	5 Dec.	1931		yrs yrs		Days	Hours	Min
Do. USUAL OCC	UPATION (Give ki	nd of work o	ione 10b.	KIND OF BUSINES	S OR INDUS		LACE (Sto	te or foreign c	country)	12. CI		WHAT	OUNTR
	of working life, ev Litery	en ir retired)		Air Fores	3	W	st V	irgini	a		US	A	
3. FATHER'S NA					-	14. MOTHER'S	MAIDEN	NAME					
J AMI	ES B. WAF	REN	Sr.			Unknow	n						
15. WAS DECEAS	ED EVER IN U. S.	ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. IN	FORMANT			Ade	dress			
(Yes, no, or unknown	2 - 2	ar or dores of 10 -1961	ervice)		M	rs. Jame	as R.	Warre	n. Jr.	(Wife	1	
			use per lin	ne far (a), (b), and		TO DOTE	20 04	Herro				ERVAL BE	TWEEN
	I. DEATH WAS C		-								ON	E AND	
0	MMEDIA"	TE CAUSE (a))	remia a	and h	emorrha	20					o da	ys .
2) I X	DUE TO											
Condition	s, if any, which) (b)											
gave rise	to immediate	DIE TO										-	
lying cous	toting the under-	Jal Jal	H•	dgkinss	Disea	.50						8 mg)3.
_		ICANT CON	DITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TER	MINAL DISEAS	SE CONDITION G	VEN IN PA	RT 1(o)	9. WAS PERFO YES	AUTOPS RMED?
20a. ACCIDE	ENT WAS UNDERLY BUTING CAUSE NOTIFY MEDICAL I	OF DEATH	20b. DESC	CRIBE HOW INJURY	Y OCCURRED). (Enter noture	of injury i	n Part I or Por	rt II of item 18.)				
		1			ino mu		*** *	l par ret-					
20c. TIME OF	INJURY Month,		While	NJURY OCCURRED Not while		ICE OF INJURY tory, street, office			y or town)		(County)		(Sto
*	p. m.	19	of wor										
21. I certii	fy that (I) (this	ch solod	Xattend	led the decease	ed from	30 Jan.	1	9.61 to	5 Feb.	, 19_	61, 1	at (I) (※) lo
	leceased alive	-	Feb.					1 1 1	the causes a				
22a. SIGNAT		GH.		1/	isa mar a	edili decolle	01		ine edoses d	IIG OII SI	ic dan		b. DATE
	Sch	elat	on	Kiess	- 1	M.D. PHYS.	IG K	MED. DIRECTOR	STAFF PHYS.			5 Fe	SIGN
22c. PHYSIC NAME (LDON (NMI)	KRESS, C	apt, M	IC US		Medies	l Unit,	Ft. 1	Detr:	lek,	Md.
23a. PORIAL, CRI	17 1	ATE THEREO	F	23c. NAME OF C	EMETERY O	R CREMATORY		23d, LOCA	TION (City, town,	or county)	(Sta	te)
DEMOYAL !		9-6	1					HUG	SBERG	GEI	ema	NY	
	ECTOR'S SIGNATU	JRE _/	0	ADDRESS	d	,	25a. RE	C'D BY REGIS	TRAR 256. REG	ISTRAR'S S	IGNATU	RE	
Kingle	- Forward	Horse	Vac	816 110	1)K	Atr	DATE	EB 1 4 '6	1 a	thur S.	than	A	

TO HOSPITA VR A15 (4) 15M 9/59

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2861 7 000refriedment for the district of the collection of the selection of Ic .4 584 - 22 *17.6 sa sa sa 2L PERM PLANT 1 -1- 1 PROPERTY IN THE PARTY · 173 5 namaže a ris ki 13:42 4.45 of the state of th